THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VII. PHLADELPHIA, APRIL, 1885. No. 4.

CLINICAL LECTURES.

JAUNDICE — IMPAIRMENT OF MOTOR-POWER AND NUTRITION, THE RESULT OF CEREBRAL INJURY—GOITRE.

DELIVERED AT THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

BY ROBERTS BARTHOLOW, M.D., LL.D.,
Professor of Materia Medica and Therapeutics in the Jefferson Medical College.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: As will be remembered, at a recent lecture, I discussed the subject of gastro-duodenal catarrh and gall-stones. The present case will illustrate some points involved in that discussion. This man has a fixed pain in the side, which he rather refers to injury. He has, however, had three attacks of jaundice, and has been treated for disorder of the liver. The last attack of jaundice occurred about four months ago. Since then he has had the fixed pain, before referred to, which is located just beneath the margin of the ribs, on the right side, and, on pressure, there is found tenderness and fulness in the region of the gall-bladder. With this fulness and tenderness in the region of the gall-bladder, there is a history of gastro-duodenal catarrh and repeated attacks of jaundice. In three of these attacks the pain was much more severe than at other times. There are cases in which the pain caused by the passage of gall-stones is exceedingly slight. Sometimes large calculi ulcerate their way into the intestine without causing marked disturbance. I have shown you as many as one hundred gall stones of small size which were present in the gall-bladder. Gall-stones of such small size would not be likely to cause severe pain, so that between the cases with slight pain and little constitutional disturbance and those cases with excruciating pain and marked constitutional disturbance, there are great variations in severity. This patient has probably passed small calculi, which were not large enough to bring on violent spasms of hepatic colic. The fact that the gall-bladder is enlarged and somewhat tender, indicates that it yet contains a number of small calculi which may be discharged from time to time.

I bring the patient before you partly to illustrate the mode of examination in these cases. In the first place, the area of liver dulness, and more particularly the area of the dulness attributable to the gall-bladder, is to be determined. The patient is now in the recumbent position, and the liver, being a heavy organ, descends by gravity, but, notwithstanding this, the liver dulness in the axillary line is downwards four inches. The liver is distinctly swollen.

Can the limits of the gall-bladder be determined? If the surface of the abdomen is carefully inspected, a little elevation, globular in shape, will be detected, which indicates to the eye the position of the swollen gall-bladder. The percussion-dulness is continuous over this prominence. Careful palpation over this point shows the presence of an elastic globular body.

There is then a distended gall-bladder. What does it contain? Doubtless it contains bile, and when we take into account the history of the repeated attacks of pain with several attacks of jaundice, I think that we can

come to no other conclusion than that the gall-bladder also contains calculi. This diagnosis can be reduced to an absolute certainty. It is perfectly easy, and, let me add, perfectly proper, to pass an exploring needle into the gall-bladder. I believe that I was the first to tap the gall-bladder and explore its canal. The case reported by me occurred in Cincinnati, and was an example of hydatid cysts, with considerable distension of the gall-bladder. I tapped the cyst, and subsequently removed the contents of the gall-bladder and explored its canal with a probe passed through the canula. I suggested this as a means for determining at any time the presence of calculi obstructing the duct, but I found that the method was limited to obstruction of the cystic duct. There is great difficulty in exploring the cystic duct unless the sound is most flexible, for, just beyond the gall-bladder, the duct makes a sharp bend, which it is difficult to pass. If the sound is very flexible and great care is used, it is possible to turn this bend and pass the sound into the cystic duct, but I think not beyond into the common duct. Here there are no evidences of obstructive disease. The liver is swollen, it is true, but there are no evidences of obstruction in the common duct, for the bile flows into the intestine. There is reason to believe that there is undue accumulation in the gall-bladder; but, as there is no need for such exploration, it may be postponed.

Is there any method by which the common duct may be explored? It has been suggested that the presence or absence of a calculus in the common duct can be determined by passing an exploring trocar. When we take into consideration the fact that the portal vein has been opened in the attempt to reach a hydatid cyst of the liver, I maintain that the operation proposed is unjustifiable. There is no such danger in exploring the gall-bladder in the manner I have suggested.

Coming next to the question of treatment, how shall we relieve the patient? We have to deal with a gastro-duodenal catarrh, catarrh of the gall-duct and gall-bladder, inducing fermentative changes, and inducing crystallization of the cholesterine. The gall-bladder is distended, probably, in part, with bile, and in part by retained calculi. One of two things may happen to these calculi. They may pass into the intestine, or a calculi may become lodged in the cystic duct, and induce sufficient inflammation to cause a permanent closure of the tube. I have examined two cases in which the duct was permanently closed without apparent detriment to the patient.

In occlusion of the common duct an expedient has recently been suggested by a physician in Georgia. This consists in attaching the gall-bladder to the small intestine. Although the operation has not been done on man, yet the possibility of its successful performance has been shown by operations on dogs. The advantage claimed is that in occlusion of the common duct, which is, of course, incompatible with life, it gives the patient a chance. The objection to the operation is that the cystic duct is very tortuous, and the bile would have to make a long journey from the liver to the intestine, besides the uncertainty attending the operation itself.

In regard to diet, there are two classes of food which are especially injurious in these cases. These are the fats and the starches. The fatty, starchy, and saccharine elements should be excluded from the diet, for, by undergoing an acid fermentation, they tend to the formation of these calculi. The length of the time during which this abstinence is to be practised will vary with the condition of the patient and the extent of the trouble. If the diet is not restricted, calculi will continue to form indefinitely. It does not take long for calculi to form; there is reason to think that they may form in a few days. The catarrh of the duct and of the gall-bladder must be removed, for, if there be no catarrh, there will be no decomposition of bile and deposition of cholesterine. The change in the diet tends to the removal of the catarrh, for the fatty, starchy, and saccharine elements are largely digested in the small intestine, and if this be in a catarrhal state, these elements will not be properly digested. They will then undergo acetic and butyric acid fermentation, and these irritating acids will keep up the catarrh.

What remedies should be used? That condition of the bile which disposes to the formation of crystals of cholesterine is obviated by the exhibition of some salt of soda, and one of the best is the phosphate, but in the present instance I prefer to direct the cholate. This, as you know, is a normal component of the bile. It will regulate the bowels, keep the bile soluble, and will prevent the precipitation

of cholesterine. I will add another remedy, which will give tone to the whole apparatus, that is nux vomica. I will direct then three grains of the cholate of sodium, with one-fourth of a grain of extract of nux vomica, in pill form, three times a day. If this acts too freely on the bowels, the amount of cholate of sodium will be decreased.

It is important that a cure should be effected as rapidly as possible, for when there is obstruction to the flow of the bile, preventing its escape into the intestine, the connective tissue of the liver undergoes hyperplasia, this is followed by contraction leading to sclerosis, although not true cirrhosis. In this case we have the swollen liver, the initial step in the changes which will follow, if the condition is not removed.

Impairment of Motion and Nutrition of Right Upper Extremity, due to Depression of the Left Side of the Skull, the Result of an Accident.—This is a very interesting case. You notice the difference in the movements of the two arms when directed to stretch them out, and the difficulty with which the patient picks up a small object with the right hand. The right arm is also smaller than the left. The right leg is affected in a similar manner. There is but little alteration of speech. This child, when seven weeks old, fell on a tile floor and injured his skull, producing two deep indentations into which I can lay my finger. It is apparent that as a result of some cerebral injury at that time, there has been impairment of the motor-centres of the left side of the brain, which has been followed by wasting and some late rigidity in the muscles of the right side of the body. The depression of the skull is just at that portion of the brain in which is situated the centre for the movements of the upper extremity. This case is a good illustration of some of the modern views in reference to the function of certain portions of the brain. Within a short time a case has been reported from London, in which a young man presented symptoms of tumor in this region. There were convulsions beginning in the upper extremity which indicated that this centre was impinged upon. This diagnosis having been made, a surgeon cut down on the skull, trephined it and exposed the brain. There being no evidence of tumor on the surface, he cut into the brain discovering a glioma which he removed. This case has made a great impression throughout the civilized world. The accuracy of the diagnosis which rendered justifiable the surgical procedure, was only made possible by experiments on animals.

Although there is no tumor here, yet similar results have been produced by the effects of the injury. The fact that the boy talks well, shows that the language centre, which lies forward of this part of the brain has not been injured. Although the skull is depressed at that point, the depression is not sufficient in extent to involve the language centre.

It is stated that for some time after the accident the child had convulsions, and in all probability these began on the right side. The brain has accommodated itself somewhat to this depression, and although there is some impairment of motor-power, the convulsions have ceased. There is good reason to believe that the child can be benefited if the depressed portion of the skull should be elevated. If this is not done, it is exceedingly likely that recurrence of the convulsion will follow with the further progress of the changes which take place in the brain. I decidedly advise that the operation be done. Otherwise, it is practically useless to do anything except to try and prevent the degenerative changes in the muscles by the use of electricity; the wasting may be retarded by the use of the faradaic current. This, however, would simply improve the nutrition of the muscles, and of course would have no effect upon the lesion in the brain.

Simple Goitre Simulating Exophthalmic Goitre.—This patient comes to us with enlargement of the thyroid gland, and, as you will observe, the enlargement is greater on the right side than on the left. There is also irregular action and palpitation of the heart with asthmatic breathing on making any slight exertion. She also complains of some derangement of breathing. As she sits here breathing quietly we note that peculiar noise which may be produced by pressure on the trachea; but the thyroid is not sufficiently large to press sufficiently upon the trachea.

There is then disturbed action of the heart, enlargement of the thyroid, marked pulsation of the thyroid, and derangement of vision. Thus we have a quarternary of symptoms which would at once suggest that we had a case of exophthalmic goitre. It is of that character, but some of the important features

of exophthalmic goitre are wanting. The movement of the heart is not sufficiently rapid. There is no protrusion of the eyes. There is a decided heaving impulse felt over the thyroid, but this is due to the pulsation of the carotid beneath.

Although these symptoms approximate the case to one of exophthalmic goitre, yet it is not an example of that disease. If that is the case how shall we explain the irregular action of the heart and the asthmatic difficulty in breathing? These symptoms may be readily accounted for by pressure of the enlarged thyroid on important nerve trunks. The pneumogastric and phrenic nerves may both be impinged upon. Examination of the heart reveals no signs of valvular disease, nor of hypertrophy.

We have then a case of goitre coming on at a period of life when degenerative changes occur in the heart and great vessels, and this is associated with accidental troubles in the eyes and heart, and coincident and accidental trouble elswhere due to pressure on important nerve trunks.

The first indication of treatment is to relieve the pressure of the enlarged thyroid. For this purpose, we will use the ointment of the red iodide of mercury, which experience has conclusively shown to be capable of removing simple hypertrophy of the thyroid. In order to relieve the irregular cardiac action I shall direct her to take one drop of the centesimal solution of nitro-glycerine three or four times a day. This dose will be increased by one drop a day until the characteristic evidence of its action are produced. Under this treatment I think improvement will take place.

DIAGNOSIS OF DISEASES OF THE NERVOUS SYSTEM.

BY J. T. ESKRIDGE, M.D.,

Post-graduate Instructor on Nervous Diseases in the Jefferson Medical College, and one of the Physicians to the Hospital of the College.

[Delivered by invitation before the El Paso County Medical Society, Colorado Springs, Colorado.]

LECTURE I.

MR. PRESIDENT AND GENTLEMEN: Since you have done me the honor to request a few lectures on the diagnosis of diseases of the nervous system, it gives me great pleasure to be able to serve you.

I desire to premise by saying, that the time at my disposal will not permit me, neither is it my wish, to go into a detailed description of the various nervous affections, but what I purpose, is to speak of some of the more prominent methods employed in the diagnosis of certain diseases of the brain and spinal cord, and the anatomy and physiology of the structures we are about to investigate, with a direct reference to their diseased conditions.

Tendon Reflex.—From time immemorial it had doubtless been observed when certain tendons were kept stretched for a short time, or when the legs were struck just below the knee-cap, the feet dangling from a bench or table, that quick and decided muscular contractions took place, but it was reserved for Professors Westphal and Erb, pioneer investigators in the phenomenon exhibited by tendon reflex, to make known the important facts, about the year 1874, that the normal knee-jerk is almost invariably absent in certain diseases of the nervous system, and greatly exaggerated in others. Gowers has investigated the condition of numerous reflexes, but the most important are the patellar tendon and iritic reflexes, and what is known as the ankle clonus.

The reflex of the patellar tendon may be investigated in several ways. If, while a person is sitting with legs crossed, one knee over the other, the ligamentum patella of the supported leg be struck about midway between the patella and the insertion of the ligament into the crest of the tibia, a sudden contraction of the quadriceps femoris muscle will take place. The same result may be obtained, but to a less degree, by striking the tendon above the patella. A good way to elicit the phenomenon is to strike the leg just below the patella while the person is sitting on a table or bench with the legs dangling. It sometimes happens that we wish to investigate the condition of the patellar tendon reflex in persons who are confined to bed; under such circumstances the leg should be semi-flexed, the heel resting firmly on the bed, while one hand of the operator, placed in the popliteal space, supports the knee. The patient must be as passive as possible, and not attempt to restrain or increase the upward motion of the leg. Ordinarily the upward motion of the foot is two or three inches, although even in health it is sometimes found to be less than two inches, and at other

times as much as four. An ordinary percussing hammer, a stethoscope with a heavy ear-piece, or the ends of the middle and ring fingers may be employed as the percussor.

Certain precautions must always be taken, or we may fall into the error of thinking the patellar reflex is absent when it is present, or of taking the contraction of the vastus internus muscle for the tendon reflex. If the knee-jerk is not sufficiently pronounced on percussing through a thin undergarment, the skin should be bared, and, in fact, in all cases where there is the least doubt, the knee should be uncovered. Frequently it is necessary to strike the part several times before contraction of the anterior muscle of the thigh takes place. There is one point, immediately below the patella, which, if fairly struck, gives rise to the most marked contraction of the quadriceps femoris muscle. I have no doubt but that numerous observers have found that the tendon reflex at the knee may be temporarily diminished or almost abolished by severe and prolonged exercise of the leg muscles, yet, as far as my knowledge goes, no one has called attention to the subject. In my own person I have repeatedly observed, after I had been on my feet for a number of hours, that the patellar tendon reflex, which is ordinarily well-marked, was nearly abolished. I have observed recently that the condition of the patellar tendon reflex had been investigated in diabetes, but by whom I cannot now recall. If I mistake not it was stated that the knee phenomenon was found absent in more than twenty per cent. of the fatal cases of this disease, and in only about three per cent. of the non-fatal cases. It is urged in the article referred to as a means of prognosis in diabetes. It is probable that the knee-jerk is absent in this disease on account of the great exhaustion present.

Dr. Buzzard thinks the contraction of the vastus internus muscle, which is very obvious in some cases of posterior spinal sclerosis, might be mistaken for the tendon reflex. With ordinary care there is no danger of a blunder of this kind. The contraction of the vastus internus muscle is slow and mechanical, contrasting strongly with the sudden reflex action of the anterior thigh muscle. It may have considerable diagnostic value, as it is not usually sufficiently marked in health to be noticed, but is most distinct in certain diseases when the reflex phenomenon is absent.

It is unnecessary for me to go into the endless discussions relating to the cause of tendon reflex. It is probably due not to a direct spinal reflex, but a reflex muscular tonus, which latter is dependent upon the normal reflex of the spinal cord. It is more important for us to know the routes over which sensitive impressions and motor impulses most probably pass whenever the tendon reflex is produced. Knowing these we are in a condition to appreciate what lesions are capable of breaking the arc and thus abolishing tendon reflex. The route on the motor side, consists of muscle, motor nerve, and root and ganglion cells in the anterior cornu, on the sensitive side of tendon, nerve of sensation and its root, posterior root zone and posterior cornu. If the tendon reflex is normal, it indicates as a rule that that portion of the spinal cord from which the lumbar plexus is derived is not the seat of disease. We will suppose that the patellar tendon reflex is absent, and the patient able to walk and possessed of vigorous leg muscles. In such a person the structures constituting the arc on the motor side may be excluded from disease. When the patient is weak and confined to bed, it is not always so easy to exclude the motor side. Under such circumstances it will be necessary to ascertain the strength of the muscles by forcibly flexing the legs, while the patient endeavors to hold them straight. Should the vastus internus muscle respond when struck, with moderately strong leg muscles, the motor side of the arc may still be excluded in making a diagnosis. If, however, the muscles are very weak, and the vastus internus muscle only responds by a wave when struck, it will be advisable to extend the examination further by measuring the circumferences of the legs, and by the application of electricity to the muscles. Buzzard and Erb have called attention to the fact that slight disturbance on the motor side of the nervous arc may be sufficient to abolish the patellar tendon reflex, and yet the muscles still respond to the faradic current. When there is any doubt, great care should be used in the investigation, and the constant current, slowly interrupted, should be tried for reactions of degeneration. It is of the utmost importance in the diagnosis that every precaution be taken before the motor side is excluded in the investigation of the disease. This done, the lesion must be in the gray matter of the posterior horn, posterior root zone, or in the posterior

nerve or its root. In the majority of instances when the patellar tendon reflex is absent, the motor side of the nervous arc being preserved, the lesion causing the break on the sensitive side will be found in the posterior root zone constituting the disease known as posterior spinal sclerosis. If the break in any case with absent tendon reflex be situated in the nerve, local evidences of neuritis, together with disturbances, sensory and motor, will be present and make the diagnosis comparatively easy. In most cases the general symptoms of the disease when taken together with the absent tendon reflex enable us to locate the seat of the lesion. It is well to bear in mind that the patellar reflex may be absent in both legs, in one leg, the condition dependent upon a break in the motor side of the nervous arc, in the other, upon a lesion in the sensitive side. A horizontal lesion of one-half of the cord will produce paralysis of motion on the same side, and paralysis of sensation on the opposite. In such a case the absent reflex will be due to lesion on the motor side of the nervous arc in one leg, and to one on the sensitive side in the other. For absent patellar tendon reflex to be of much value in indicating disease, it must be shown to be almost invariably present in health. Dr. Buzzard states ("Diseases of the Nervous System," p. 9), that Westphal up to 1882 had never seen it absent in health, but he, himself, had failed to produce it in a member of the medical profession in apparently good health. "The experiment was, however," he adds, "inconclusive, as the skin was not bared." It undoubtedly is the rule for the patellar tendon reflex to be present in health, and to it I have not met with a single exception where every precaution to prevent a mistake has been taken.

Bramwell* gives a diagram, illustrating the supposed nervous arc through which sensitive impressions and motor impulses travel in the production of the reflex phenomenon under consideration.

Any lesion of the cells in the anterior cornua of the nerve or muscle on the motor side, or any lesion, in the posterior cornua, root zone, posterior nerve, skin or tendon on the sensitive side, capable of making a break in the arc, will give rise to absent tendon reflex. As we would expect, so we find it diminished or absent, depending upon the extent of the lesion, in spinal meningitis, perineuritis, diphtheritic paralysis, pseudo-hypertrophic muscular paralysis, infantile paralysis and posterior spinal sclerosis. In "lead palsy" the tendon reflex is absent in the hemiplegic and paraplegic cases. Whether we accept the statements made by Gombault, that the trouble is peripheral, and the lesion granular degeneration of the medullary substance of the nerves, or the opinion of Remak, that the lead poison expends its force in the spinal cord, producing atrophy of motor cells in the anterior cornua, diminished or absent reflex is equally explicable. In paralysis agitans well advanced, and in progressive muscular atrophy (the protopathic amyotrophic form of Charcot), after considerable degeneration of the ganglion cells in the anterior cornua has taken place, the patellar tendon reflex is diminished or absent.

Increased, like diminished or absent, tendon reflex is indicative of disease. The brain is supposed to have an inhibitory influence over the spinal cord. If this theory is correct we would expect to find in diseases of the brain which diminish its controlling action over the cord exaggerated spinal reflexes. This is in reality what takes place under such circumstances. In cases of tumor, apoplexy and other destructive lesions of the brain, the patellar tendon reflex is increased. It is just possible that this statement may need modification on further investigation of the tendon reflex, in connection with lesions of the cerebellum and thalamus opticus. In hysteria the tendon reflex is usually increased. In this disease the reflex and emotional centres run riot, while the will power is more or less in abeyance. In lesions of the cord, situated in the tracts through which impulses travel coming from the brain, as in lateral spinal sclerosis (spastic paralysis), the tendon reflex is greatly increased. It is a well recognized fact when the ganglion cells in the anterior cornua of the cord have undergone degeneration, that patellar tendon reflex is abolished. This holds good under all circumstances when the cells throughout the anterior cornua of that portion of the cord from which the lumbar plexus takes its origin, are destroyed. There is one disease in which there is an apparent, but only an apparent, exception. There are at least two forms of progressive muscular atrophy. In one, the protopathic amyotrophic form of Charcot, the

* Bramwell, "Diseases of the Spinal Cord," page 25.

trouble slowly progresses, and the muscular atrophy and loss of power depend upon the number of ganglion cells involved. In this the tendon reflex exists for awhile, but later it may be abolished. In the other, the deuteropathic amyotrophic form of Charcot, the lateral columns are affected together with the cells in the anterior cornua. It begins with loss of power, independent of muscular atrophy. Spastic contractions take place. Later, rapid atrophy of the paralyzed muscles follows. It is more rapid in its course than the protopathic form. In this (the deuteropathic) form the tendon reflex is increased often to a marked degree. When we take into consideration that through the destruction of the lateral columns which takes place in this disease, that the inhibitory impulses coming from the brain are partially cut off, it is not difficult to understand why the reflex condition of the cord is exaggerated, notwithstanding a portion of the cells in the anterior cornua are destroyed.

Absent patella tendon reflex is so frequently found in sclerosis of the posterior columns of the cord, that it becomes of the greatest diagnostic importance in this disease. Buzzard thinks that the peculiar pains described in connection with it, and the "absence of patella tendon reflex (with a fairly normal condition of the quadriceps extensor muscle), are the most constant, as they are probably the earliest of all symptoms. My belief," he adds, "is that if we meet with a patient who exhibits them both, we do not need the presence of any other in order to form a diagnosis of tabes dorsalis."

In 1875, Professor Westphal wrote: "The leg phenomenon was constantly absent in all undoubted cases of tabes dorsalis." He confirmed this report after a further experience of three years. Professor Erb found the patella tendon reflex absent in forty-eight of forty-nine cases of posterior spinal sclerosis. He considers it an early symptom. In thirty cases analyzed by Buzzard, the knee-jerk was absent in twenty-eight. From the reports of these two observers it was absent in about ninety-six per cent. of their cases. Buzzard states that in two of the cases in which it was absent there was no ataxia. In a few cases of undoubted posterior spinal sclerosis I have found the knee-jerk absent several months before any ataxia developed.

In all of these the "lightning pains" were present, and in some eye symptoms were added to complete the diagnosis. So far, I have not met with a single case of sclerosis of the posterior columns alone, in which the patella tendon reflex was present. It must be remembered that all writers do not lay equal stress upon the knee phenomenon in the diagnosis of locomotor ataxia. Buzzard reports a case (page 138, "Diseases of the Nervous System") of an old hemiplegia, with aphasia, which was followed by disease of the posterior columns of the cord. In this case, also, the patellar tendon reflex was absent. The absence of the knee phenomenon, to be of value in the diagnosis of locomotor ataxia, must be associated with a fairly strong condition of the muscles of the legs, together with a normal or exaggerated response of the vastus internus muscle to blows. In sclerosis of the posterior columns of the cord the lateral columns may also suffer, which would account for the normal patella tendon reflex, or its exaggerated condition, sometimes seen in connection with this disease.

Enough has been said to show the importance of thoroughly investigating the reflexes in diseases of the nervous system.

A few words with reference to the condition known as ankle clonus, leaving for the present iritic reflex until we come to speak of eye symptoms in the diagnosis of diseases of the brain and cord. It is known as foot trepitation by some. Professor Erb has given it the name of reflex clonus. When the conditions are favorable it may be produced as follows: The patient sits with leg nearly straight but not forcibly extended. The operator grasps the calf muscles, or the heel, and supports the leg with one hand, whilst with the other hand he firmly presses upon the ball of the foot and effects dorsal flexion. Immediately on the foot being pressed upon, marked rythmical movements, flexion and extension of the foot takes place, and continues as long as pressure is kept up, and sometimes much longer. According to Gowers there is a voluntary or spurious form of ankle clonus, in which the foot trepitation does not begin until after the foot is held in a dorsally flexed position for a few seconds. The ankle clonus seems to be produced by forcibly extending the tendo-Achillis for a short time. The phenomenon is not ordinarily seen in health, although it is seen in a modified degree in persons who hold the foot in a flexed and constrained position,

thus stretching the tendo-Achillis. In health the foot trepitation is slight, and stops when the tension is relieved, and the foot receives firm support. In certain diseases, on the other hand, it is often so violent as to shake the room in which the patient sits, and continues after the foot is freed and allowed to rest on the ground. Even when the phenomenon is most marked, it is claimed that it may be stopped by forced extension of the foot. Ankle clonus is present in cases of old hemiplegia of cerebral origin, where the lateral columns of the cord have become affected by descending degeneration. It is of value in diagnosing spinal complication in brain diseases. The phenomenon is met with in lateral sclerosis (spastic paraplegia), and often in progressive muscular atrophy. When ankle clonus is observed in connection with hysteria it is apt to be of the spurious variety, although Professor Osler states (American Journal of the Medical Sciences, p. 219, for January, 1885), that "in persistent hysterical contracture there may be a regular, persistent clonus."

ORIGINAL COMMUNICATIONS.

CANCER OF THE TONGUE; WITH ESPECIAL REFERENCE

TO ITS ÆTIOLOGY AND TREATMENT BY OPERATION.

READ BEFORE THE MEDICAL SOCIETY, LONDON.

BY FRED. BOWSEMAN JESSETT, F.R.C.S. ENG.
Surgeon to the Cancer Hospital.

MR. PRESIDENT AND GENTLEMEN: The part of the body most frequently affected with cancer, next to the female breast and uterus, is undoubtedly the tongue. There is no part at which it is more necessary for the surgeon to make an early and critical diagnosis than in ulcers and nodules that occur and so frequently present themselves to our notice than those situated on the tongue.

At the Cancer Hospital, of a total of 2227 cases of cancer which I have collected and analyzed as occurring in patients at that hospital during the last ten years, the tongue has been the seat of the disease in 190 cases, or at the rate of 8.5 per cent. The mammæ were attacked, the left in 300 cases, the right in 315 cases. Both breasts were the seat of the disease in 25 cases, and the breast and axilla in 49 cases, making a total of 697 cases so affected, or at the rate of 31.3 per cent.

The uterus was attacked in 274 cases, or at the rate of 12.3 per cent.

We cannot do better than compare these figures with those collected by Dr. Sibley, Sir James Paget, Von Winiwarter, Dr. Morris, and Dr. Arthur Barker, and it is interesting and satisfactory to observe how nearly similar the total results of these observers are with my own. In Dr. Barker's 343 cases he noticed as many as 16.3 per cent. of cases of cancer of the tongue, whereas Dr. Sibley in 520 cases found the tongue affected in only 2.6 per cent. Sir James Paget obtained a result of 6 per cent., Von Winiwarter 8.3 per cent., and Dr. Morris in 501 cases, collected at the Middlesex Hospital, found 7.1 per cent. In the gross number collected by all of these surgeons, amounting to 2412 cases, we have a result of 8 per cent. of cases of cancer of the tongue.

	Dr. Sibley. 520 cases. 1853–1856.	Sir James Paget. 500 cases. 1843–1861.	Von Winiwarter. 548 cases. 1867–1876.	Dr. A. Barker. 343 cases. 1871–1881.	Dr. Morris. 501 cases. 1872–1881.	Dr. Jessett. 2227 cases. 1872–1881.
Breast	36.5	55.2	32.4	36.7	51.4	31.3
Tongue	2.6	6.0	8.3	16.3	7.1	8.5

The total number of cases represented in the above table, exclusive of my own, amount to 2412, and give a percentage of tongue cases at 8 per cent., or only .5 per cent. less than those collected in my 2227.

One cannot but be struck, on examining the above tables, at the exceedingly low percentage of tongue cases in Dr. Sibley's list, and the very high rate in Dr. Barker's, whereas the percentage of cancer of the breast is the same. It is difficult to account for this, unless, as Dr. Barker suggests, many of the cases coming to University College Hospital are sent from Wales, and probably the miners may be more prone to cancer of the tongue than other people. I have been in correspondence with some of the medical men of Wales, but have failed to obtain any confirmation of this hypothesis. It is, however, suggestive, and a point well worthy of further inquiry. This very high death rate of Dr. Barker's is the more extraordinary, as we find the rates obtained by Sir James Paget, Von Winiwarter, Dr. Morris, and myself, practically the same.

On searching for a cause of the tongue being so frequently affected with cancer, one cannot be astonished that it should be a favorite seat

of the disease, as there is no organ in the body which is subjected to such rough treatment, and from its structure and surroundings one can understand how suitable a situation it must be for the growth of the disease. It has, first, what we may call its natural enemies, carious and broken teeth, whose rough, sharp edges are constantly wounding and irritating it; the large quantities of tartar which so frequently collect around the teeth, especially the back of the lower incisors, is a constant source of irritation to the tip of the tongue.

Then there are the extraneous sources of irritation, among which may be classed false teeth, and plates which frequently fit very imperfectly, and are often, among the lower classes, made of inferior materials. Smoking is another common source of irritation, more particularly the short clay pipe, the tip of the tongue being constantly placed against and playing with the jagged end of the stem, causing, in the first instance, a blister or an excoriation. Ardent spirits is another cause, especially, as is too often the case, when taken neat. Hot condiments, pepper chillies, pickles, and the like, are also pungent substances that may well be classed among the irritants of the tongue. From these we may pass to the constitutional causes that are likely to favor the development of cancer of the tongue. Among these may be classed phthisis, syphilis, and heredity.

There is no doubt a large percentage of cases of cancer generally, and, therefore, in cancer of the tongue, the patients are at times the subjects of phthisis or have a phthisical history. We cannot, however, look at this as anything more than a coincidence, as undoubtedly there are a far larger number of people who have a phthisical history that never develop cancer. I am strongly of opinion, however, that if a patient contracted a tubercular ulcer of the tongue, that that ulcer is very likely to take upon itself all the characters of epithelioma, more so, certainly, than a simple ulcer. I should, therefore, in cases of tubercular ulcer, unless it speedily heals under treatment, strongly recommend its early removal. We must not, however, on this account fall into the error, should a malignant growth follow a tubercular ulcer, that the cause of the cancer was in any way connected with the phthisical diathesis of the patient, but merely the result of the irritation of the ulcer upon a debilitated constitution.

Syphilis.—Here, again, we have a specific poison in the system; and a fairly large percentage of cases suffering from epithelioma of the tongue have a history of syphilis; but then, on the other hand, as in phthisis, there are a far larger number of people with syphilitic taint who never have any malignant ulcer of the tongue, so I think here we have no right to say that the syphilitic poison has anything whatever to do with the production of cancer of the tongue. Here, however, as in phthisis, if the tongue is affected with syphilitic ulceration or gummata, there may be a very fruitful source of irritation, which may prove a good soil for the development of cancer.

Heredity.—How far heredity may be a predisposing cause of cancer of the tongue, I am not at present prepared to say, for I do feel, if there is any part of the body in which the local origin of cancer may be expected, it is in the tongue; but I am certainly inclined to think that people with an hereditary tendency, may be, and probably are, more prone to develop cancerous ulcers from local irritations than persons who have no such tendency.

A case which made a very strong impression upon my mind, presented himself to me only a few weeks ago. A man, æt. 60, came with a large epitheliomatous ulcer of his lower lip, with extensive affection of the glands of the neck and submaxillary region. He had the following family history: His father had cancer of the penis, which was amputated in Bartholomew's Hospital; he died, aged 63, from secondary deposits in his liver and other organs. His mother died of cancer of the uterus. His uncle, on his father's side, died of cancer of the tongue, which was removed at the London Hospital. His aunt, on his father's side, had cancer of the breast, which was amputated, and she died of cancer and secondary deposits. This is very extraordinary and exceptional history, but do not exceptions often prove the rule? And I think the most sceptical will hardly say that here was not a case where cancer was distinctly inherited, or that it was a mere coincidence.

Diagnosis.—That it is often most difficult to diagnose with certainty between tubercular ulcer, a syphilitic ulcer, and a malignant ulcer, I think every one will admit. But how essential that we should be able to do so! An authority on this subject has said he can, by scraping an ulcer and examining the débris

under the microscope, in most cases, determine the true nature of the ulcer. I confess I cannot, and many surgeons whom I have asked have told me they have failed also. I would nevertheless, however, in any case of doubt, recommend this plan to be adopted.

Such being the case, I would in all cases of suspicious ulcer of the tongue, if after ten days or a fortnight's treatment it did not commence to heal or assume a healthy appearance, strongly advise the excision of the ulcer. Should it prove after its removal to be innocent, I should know my patient was not a bit the worse for its loss, while he would have been prevented from running the risk of further mischief.

Ichthyosis, as shown by Dr. Morris, in his admirable paper read before this society during the session of 1882, is a fruitful source of epithelioma of the tongue. Dr. Morris entered so fully into this at that time, that it would be superfluous for me to take up your time by more than alluding to it and saying how fully I indorse his views.

Age plays, I think, a very prominent part in our diagnosis. If a patient over forty presents himself to our notice with a papillomatous infiltration, no matter how limited, and there is no visible local cause of irritation, we must look with considerable suspicion upon such a nodule, and, further, if such a nodule or ulcer does not disappear or diminish in size in the course of a few days or a fortnight, we may be so certain of its character as to warrant our excising it as speedily as possible. The oldest patient I can find recorded in the Cancer Hospital out of the 190 cases I have collected, is seventy-nine, and the youngest, thirty-two; the average age of the whole number is fifty-two years. I should here like to take the opportunity of thanking all my colleagues at the Cancer Hospital for their courtesy in allowing me to make use of their cases for the purposes of this paper, likewise to Mr. Briscoe, the House Surgeon, who has kindly made an abstract of the fifty cases I place before you. In the total of 133 cases collected by Dr. Gross, he found 82 were above fifty years of age, and 51 under that age. The oldest was seventy-eight years of age and the youngest twenty-nine. In 58 cases collected by Dr. Whitehead, the oldest was seventy-six and the youngest thirty.

Treatment.—With regard to the treatment of cancer of the tongue, I fear I have nothing new to bring before you. That no drug has yet been discovered to relieve in the least this terrible disease is well known to you, but if cancer is, as I firmly believe it to be, a constitutional, and not a purely local disease, if, I say, such is the case, the time may, and probably will arrive when some drug will be discovered which will arrest, if not cure, cancer. At present, however, we can only deal with the question of how, with our present knowledge, we can best relieve patients who come under our notice.

The early removal of all nodules or ulcers of the tongue cannot be too strongly insisted on; for, as I have said before, if after its removal it is found to be innocent, how much the worse is the patient for its loss? Not one iota!

It is, unfortunately, very rarely that we are able to see patients at this early stage, and when we do it is very difficult to imbue them with the gravity of the import of these small nodules or ulcers, until the former have ulcerated, and they have infiltrated deeply into the substance of the tongue, but still, up to this point, if the glands of the neck and submaxillary region remain free, much can be done by the removal of the diseased tissues.

The ulcerated surface is generally on one side or the other of the middle line, and I think a very important point to be observed in removing the diseased portion, is to excise it sufficiently wide, and another is to divide the tongue a little to the opposite side of the middle line to that in which the disease is situated, and remove it as far back as possible.

The stage, however, in which we most frequently meet with cases, is when the disease has spread considerably into the tongue substance, and the submaxillary and cervical glands are affected with the disease, and the floor of the mouth deeply affected. In these cases much can be done to alleviate the sufferings of the patient by removing the diseased mass from the mouth, as often the wound heals fairly well. If the case has gone so far as not to admit of this being done, much may be done to relieve the suffering by dividing the gustatory nerve opposite the last molar tooth, as by this means the pain will be allayed, and it has been shown that the secretion of saliva is considerably diminished. The mouth should be kept constantly irrigated with some antiseptic solution.

Operations.—I will now turn for a few minutes to consider the different operations that have been proposed and practised for the removal of the tongue. I do not propose to describe each operation in detail, as it would take up too much time; moreover they are doubtless familiar to most of you. But I shall compare the results of the operations by different methods, and endeavor to arrive at some conclusion as to which is the best for particular cases.

The practice of removal of the whole or a part of the tongue has been adopted by surgeons as early as 1658, but it was not until the commencement of the present century, say 1805, that the operation was performed in any definite form, when Inglis attempted to strangulate the diseased part by means of a ligature passed around, the diseased part being kept in position by means of pins, which were made to transfix the tongue behind the disease. In 1827 Major split the tongue down the centre, and applied a ligature around the diseased half with the same object. In 1833 Wenault introduced the preliminary ligature of the lingual artery. In 1831 Jæger suggested and practised dividing the cheek. In 1836 Brown first introduced the division of the lower jaw and lip in the middle line. This method was afterwards adopted by Seidelblot in 1844, and Squire in 1862. Then, in 1865, Langenbeck divided the lower jaw opposite the first molar tooth, in order to gain free access to the side of the mouth. In 1838 Negnoli opened the floor of the mouth from below by an incision from the middle of the hyoid bone to the clissa, ending in another semilunar incision along the border of the jaw, the tongue then drawn through the opening thus made. Belliott, in 1871, modified this by uniting the median incision and extending the lateral ones.

[Concluded in May number.]

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Prof. HUGO ENGEL, M.D.]

[Continued from last number.]

THE papulæ merit undoubtedly the appellation of lichen planus, they probably do so more than any other form of lichen papulæ. But while I wish to limit this term, Lichen planus, to the characteristic type of lichen just described, I must insist upon a different appellation for another variety, especially in England and France, also comprehended under the general term of lichen planus. I mean those papules, which, with a diameter of from 4 to 5 mm., evince a waxlike transparency, and which appear isolated and without scales. They must be distinguished from another variety where the papules are similarly constituted but much smaller, having a diameter of but ½ to 1½ mm., and the result of which are the well-known lichen plaques with a central discolored pit. I propose to call the former variety in distinction, on one side, of the pointed; on the other side of the flat papules, the obtuse; therefore lichen obtusus. I have observed some typical cases of this type, some of them pure, others complicated with other forms.

Lichen obtusus generally appears isolated, and only here and there in spots sprinkled over large surfaces, and is never found confluent as lichen planus, even if a number of the papules have accumulated on one spot. At the most five or six obtuse papules, standing very near to each other, may form one plaque, in consequence of the swelling of the intervening healthy skin. They are never covered with scales and itch only at the start. They are very stubborn, resist treatment, and leave deeply-brown, pigmented, somewhat depressed spots. Sometimes we find in the middle of these planus spots, as I shall explain later, at irregular places, a bluish-white point, which, when raised, appears as a concentric layer of epidermic tissue, and corresponds to a sweat follicle. If cauterized, a sharply defined small hole results. The obtuse papules evince no intimate connection with the hair follicles. For the sake of clearer demonstration I add the following cases:—

November 18, 1881, a bricklayer brought his six-year old daughter to the clinic. She had over the whole body a papular eruption. Both parents and three sisters of the patient enjoyed good health and no case of a skin disease had ever happened in the family. A fortnight ago there appeared the first small red papules on both forearms and wrists, afterwards on the lower legs and the dorsal surface of the feet. About a week later they broke out all over,—but sparingly in the abdomen and chest, but profusely on the face. The child was well-nourished, though somewhat pale, and during the last few days the appetite had decidedly diminished and the girl had not slept well.

To judge from the scratching, the itching had been insignificant. The papules were, for the most part, rather large, up to about the size of pepper or of a pea, bluish-red, waxy, translucent, and without any scales, but they were provided with a plainly visible central depression, very resistant to the touch, and on the forearms, where they had first shown themselves, they were so profuse that the skin appeared decidedly thickened. Nowhere was the least indication of inflammation, œdema, eczema, or glandular swelling. It was therefore a typical case of the large, but not pointed, though elevated form of "lichen ruber," which forms the transition to the perfectly level lichen spots, which gradually enlarge toward the periphery, have no central pit, and evince fine scales. Treatment consisted in the local application of zinc ointment with two per cent. carbolic acid and one per cent. of corrosive sublimate. This was rubbed into the skin of the arms, legs, and face. The eruption already disappeared during the first week on the face; on the extremities there were visible towards the end of the second week only bluish-gray spots, papules could be recognized no longer. The child was discharged, and a few weeks later the skin had resumed all over its normal healthy appearance. Arsenic was not administered at any time of the treatment.

The above case is a typical one of "lichen ruber." I may mention as remarkable, that in early childhood I have never met with any other form of lichen. The genuine lichen acuminatus seems to be as rare at this age as the true lichen planus. In the next case we will find this form accompanied with lichen acuminatus and planus.

A. W., engineer, æt. 30, consulted me June 22, 1881. About a week previous, while he was suffering from the great heat, and profusely perspiring, he had noticed, first on the hand and on the right lower leg, over which he wore by the advice of another physician, on account of varicose veins, an elastic stocking, small, red, itching papules. The patient was of medium height, slim build, and had remarkable light blonde hair, pale complexion, and very tender skin. He was very nervous, and said that when very much occupied he always felt nervous, and especially sensitive to the least noise. The papular eruption had rapidly spread from the extremities to the rest of the body, but most of it was on the arms and on the right lower leg. The papules nearly all belonged to the obtuse type; were therefore smooth at the point, translucent, mostly scaleless, and often provided with a scarcely visible pit. There were many papules; were near together; some pointed ones were also seen, while on the hairy covering of the head, besides a moderate pityriasis, some level red spots of the size of a split pea were present, which greatly resembled the beginning of lichen planus. Besides the Asiatic pills, the external treatment was varied during the first few weeks. Chrysophanic acid proved useless, and on symmetrical parts of the body, washes were then employed for the purpose of comparing results; on one side with a two per cent. solution of carbolic acid, on the other with a two per cent. solution of corrosive sublimate. The washings with the sublimate solution gave by far the best result, and after July 13th I limited the treatment to the local application of lead-water containing one-quarter per cent. of sublimate over the whole body.

After July 26th the patient took twelve sublimate two per cent. baths, and under the combined treatment of arsenic internally and sublimate locally the eruption disappeared, and the skin assumed in August its normal condition. After August 7th I had the skin made more pliable by the rubbing in of carbolized oil, and administered from three to nine Asiatic pills daily, so that until September 17th 400 pills had been taken, when I discontinued them, as the first indications of arsenical poisoning showed themselves. I then ordered the anæmic patient to take sea-baths until November 11th, when he had completely recovered and seemed to enjoy the best of health. Still as a matter of precaution, though for five months no relapse of the eruption had occurred, I administered the Asiatic pills for another month. The good effect of corrosive sublimate, combined with carbolized zinc ointment, induced me to treat the next patient in the same manner from the very beginning.

In this manner my method of the zinc carbol. sublimate inunction cure of the universal lichen ruber acuminatus developed itself, and it is to-day still one of the best treatments of it. In the case just reported, I believed I had protected the patient against any possible relapse by the long-continued after treatment with arsenic. I was therefore not a little surprised when a whole year later he again showed himself with a well-characterized lichen

planus of the hairy covering of the head. It is probable that some few spots had been concealed under the hair and escaped observation. The patient did not care to pass through the whole inunction cure, especially as a wash of sublimate spiritus seemed to give him prompt relief. I saw him again a year later, and, besides a few spots on the forearm, which promptly yielded to the zinc carbol. sublimate salve, his whole body was free from eruption. I then lost sight of him, until I met him at another place by accident. He had, meanwhile, become rather bald, but with the exception of two or three suspicious gray spots on the hairy covering of the head, no sign of the disease was left. The patient assured me that it was his own fault that he had even the few spots, as the regular use of the wash always promptly put an end to them, but he had neglected it of late.

Even in this case, where the whole body was covered with lichen papules, I was not able to observe the development of the planus efflorescences from the small groups of papules. But I have noted their enlargement at the periphery without their coalescing so frequently, that I do not hesitate, notwithstanding all school teaching to the contrary, to declare, that this form of lichen planus is characterized by a peripheral growth, while the papules of obtusus variety do so very little, and those of acuminatus not at all.

The following case also shows the presence at one and the same time of all three varieties of "lichen ruber":

VII.—Miss M. D., æt. 24, never before had a skin disease; enjoys the most robust health, and of strong build; machine seamstress. She first observed at Christmas, 1881, on the forehead, a flat, slightly itching, red spot. Soon a few other red, round spots appeared on the face, while the first one increased in size. Two weeks later, an eruption, consisting of small, red elevated papules, suddenly broke out all over the body. February 5th the patient entered my clinic. The whole body, the hairy covering of the head, face, and hands not excepted, was literally covered with small lichen papules, which were partly brown, partly light-red, mostly smooth and scaleless.

On arms and legs, these papules mostly presented the conical form of the scaled acuminatus, and were the size of mustard-seed on the neck and the abdomen; and on the inner surface of joints and in the face they were more round, and the size of a pea, were broader at their base, and frequently evinced on their scaleless top a small depression. As the third variety there were noticed four large (of the size of a silver quarter and more), more oval, brown-red, flat spots, which were covered with a fine tissue scale, and presented the genuine lichen planus. Three of them had their seat on the abdomen, the fourth was identical with the first spot on the forehead. The hairy part of the head was covered with white scabs. The patient complained of want of appetite, general lassitude, and itching and burning of the slightly reddened conjunctiva. The itching in general was not so severe as in grave cases, but still severe enough to have deprived the patient for a whole week of her sleep. This itching seemed to be limited to the new crop of papules, the older efflorescences scarcely itched. From February 5th to February 19, 1882, the patient was kept day and night wrapped up in flannel blankets, and under the influence of the inunction salve, which was rubbed into the skin twice daily: Ungt. zinci benz. 500.0, sublimate 1.0, acid carbol. 20.0.—M. To the hairy covering of the head this salve was also applied once daily. Baths were not administered, but a frequent use was made of a mouth-wash of chlorate of potash.

The first night in the clinic the patient already slept better, and on the fourth day all itching, and therefore also the outbreak of new crops, had ceased. Appetite and general health were excellent. Only the four large planus spots did not yield to the salve, and were therefore covered with an arsenic gauze. At the end of the cure they, like all other efflorescences, appeared only as bluish-gray spots. The whole skin had a spotted appearance, but of the brown pigment of chronic lichen nothing could be seen. During the two weeks two drops of Fowler's solution had also been administered three times daily, to prepare the patient for the larger doses that were expected to be given during the long cure. These few small doses had evidently no influence on the rapid cure, which must be ascribed to the local treatment alone; later, when I attended her mother, I saw the patient again. There was no eruption of the skin visible.

In this case which, considering the presence of all three varieties, may well be called a clas-

sical one, it seemed to me that the acuminated form seemed to select more the extensor surfaces, and especially the hair follicles, while the obtusus variety had its seat more on the flexor surfaces, and especially around the sweat follicles. This is the reason, that the latter appear often with a central pit, the former provided with a lanugo hair. It also is remarkable that the acute eruption appeared in this case as a secondary affair; the spot having preceded it for some time.

But with this the polymorphy of "lichen" is by no means exhausted. Hebra taught that "lichen" consists only of papules, which during the whole period of their existence never experience a metamorphosis into vesicles or pustules. This classification has had a great value for diagnostic purposes, and will probably be justly continued, even if we have to admit that occasionally larger, *bullous* efflorescences may also present the picture of "lichen," and therefore greatly complicate this skin disease.

I still remember the surprise which I felt when Morrant Baker asked me at the International Congress in London, whether I had ever seen pemphigus bullæ in a case of "lichen." I thought I had to reply no, but soon afterwards I remembered that I had noticed an occurrence of this kind just before my departure for England. The case was as follows.

[To be continued.]

MIDWIFERY EXPERIENCES.

No. I.

Cæsarean Section: A Case and its Lesson.

BY THOMAS M. DOLAN, M.D.,
Fellow Obstetrical Society, London; Fellow Medical Society, London (Fothergillian Medalist); Boylston Prize Essayist, Harvard, U. S.

[Concluded from last number.]

THE first lesson is that food should not be given by the mouth for two or three days, even though the patient is doing well, owing to the danger of exciting vomiting. This is found, I believe, to be the best practice in ovarian cases.

II. If we look at the list of cases published, sutures have been frequently inserted in the uterine wound, though Davis says,* "No suture should be applied to the uterus, its contractions alone being sufficient to close the wound, while sutures through its walls would be extremely hazardous." Yet Sir Spencer Wells, in a successful case, employed sutures continuously. In case 120, under the care of Dr. Walter, fine carbolized catgut sutures were used to the uterine wound, and we see the patient recovered. In my case, owing to the succession of vomiting, the sutures gave way. Had the wound been left unsutured the same result would have followed, the blood would have come through. I think it would be better in all cases to use the continuous suture, as less likely to yield.

III. If we again analyze the cases, we find the great cause of death is peritonitis. There is every reason to believe that this is set up by uterine exudation. In many cases a clot has been the primary cause of disturbances, so that Porro's operation of utero-ovarian amputation, *prima facie*—supported as it is by statistics—suggests itself as the appropriate adjunct of Cæsarean section.

IV. If we look at our statistics in bulk, we find one striking feature, viz: That cases in the country have done very well. We must allow for this good air, good constitution, apart from surgical skill. If, however, we examine some of the successful cases, we shall find that some of our preconceived ideas as to the value of pure air and other requirements in this class of cases, are rudely shaken. Thus, for instance, if we look at the details of a case under the care of Dr. McClement Gray, we find that the operation was performed on a single woman four feet in height, age forty-one, and that the operation was done in the cottage, in which the patient lived, situated in a small yard off the main street, in New Market (England). Dr. Gray says (Brit. Med. Jour., Vol. II. 1883, p. 727), "The drainage and ventilation were very defective, the bed-room in which the operation was performed was barely large enough for myself and four medical friends who gave their assistance. The wretched apartment was so close and the weather so sultry that we were obliged to keep the window open during the operation. The patient was placed on a common deal board in a half-sitting posture. The bowels and bladder having been emptied, Mr. Hutchinson proceeded to use the ether spray. The fœtus weighed seven pounds and had been dead a week. Five equi-distant wire sutures, including the peritoneum, brought the wound together, which was covered with a compress of lint, supported with bands of adhesive plaster and a broad bandage. . . . . .

* Parturition and its Difficulties.

I was amazed to find on the following day five children down with the measles, in the only available room for the use of the family, eight in number; a narrow stairs connecting this with the dwarf's room above, which thus received the foul air from the lower apartment.

"The diet consisted of milk, and from first to last no stimulant was given. The patient had no nursing beyond that given by a neighbor, who ran in and out when she could spare time, but I watched her with the closest attention."

Mr. Gray very truly says, "This case, performed under the most disadvantageous circumstances, without antiseptic precautions, and amid the most unsanitary conditions, is probably unique of its kind."

It certainly is. When we consider that Cæsarean section has been fatal in the hands of surgeons of the highest eminence, who have carefully guarded their patients by the strictest precautions as to the temperature of the room, antiseptic measures, skilled nursing, special attention of every kind, we must come to the conclusion that there is no scientific basis for Cæsarean section as at present performed, and that we yet must seek for the cause of failure. It may be true that we have found it in the retention of the uterus, and that Porro's operation may be the key to success, but upon this point the profession is not yet agreed, so that it is to be hoped that at the next International Congress, at Washington, we may have some papers on this subject, and the latest statistics.

V. Opinion is divided as to whether a drainage tube should be inserted or not. My opinion is that a drainage tube is quite unnecessary; in place of assisting, it may act as an obstruction to the flow. It soon becomes clogged up, and unless continually cleaned by injections will not carry any fluid off.

VI. I have alluded to Porro's operation as the completement of Cæsarean section. In Great Britain the opinion of obstetricians seems to be growing in its favor, and we have already several cases on record in which it has been performed, though not with success.

In the Brit. Med. Jour., Vol. I. 1881, pp. 910, 956, there is a very good *résumé* of facts bearing on Porro's operation, by Professor Simpson (Edinburgh), from which it appears that up to that date thirty mothers had been saved by the operation and forty-two lost, with fifty-seven children saved, fourteen lost. Very gratifying statistics indeed, when compared with the result of Cæsarean section as ordinarily performed. More recent statistics give even better results.

Professor Simpson lost his patient, but the child lived. None the less does he seem to be in favor of the operation, more particularly as out of eighteen cases of Cæsarean section performed in Scotland, not a single mother had survived.

In the Brit. Med. Jour., Vol. I. 1884, p. 142, there is the most complete paper on the subject yet published in England, from the pen of Dr. Clement Godson. It was read in the section of obstetric medicine at the Belfast meeting of the British Medical Association. It gives a record of one hundred and thirty-four operations, representing fifty-nine recoveries and seventy-five deaths. He says, "The first idea will not be altogether favorable. But," he adds, "in comparing these results with those of the old Cæsarean operations, I would call attention to the following astounding facts. In the Vienna Hospital, for one hundred years, there had not been a recovery after Cæsarean section, whereas, recently, in three cases of Porro's operation, performed, in one week by Professor Carl Braun, all of the patients recovered. In Italy, the old Cæsarean operation was always fatal. Professor Cluain, of Milan, states that out of sixty-two cases reported on by Porro, Lazzalin, Breli, and himself, only three recovered. On the other hand, nearly half, twenty-three out of fifty-three of the Porro operations here have been successful, notwithstanding that the operation has been performed by as many as thirty-five different surgeons. In our own city, London, I know that our late colleague, Dr. Greenbaugh, performed Cæsarean section ten times with only one recovery, while I have myself seen it performed by four different operators, every case proving fatal."

The most telling evidence in favor of the operation is conveyed in a letter from Dr. Godson in the British Medical Journal, January 26, 1884, page 192, detailing its results in the hands of these men, as follows:

	Cases.	Recoveries.	Death.
Professor Porro, Milan.....	5	4	1
Professor Braisky, Prague.....	4	4	0
Dr. Yehling, Stutgart.....	4	3	1
Total.....	13	11	2

Dr. Godson is to be congratulated as the

only successful performer of a Porro operation in Great Britain. It having failed in the hands of Dr. Heywood Smith and Dr. Grigg. Utero-ovarian amputation has been performed in Great Britain by Dr. Savage, but as Dr. Godson says (Brit. Med. Jour., 1884, p. 341), "Dr. Savage's were not Porro operations, and are not included in my tables as such, for the very reason that they were performed before the fœtus had reached the viable period. Porro's operation is particularly directed to saving the life of the child as well as that of the mother."

In midwifery practice I have always held that we owe responsibility to the child as well as the mother, and that we cannot either bring on abortion, or perform craniotomy or any other operative procedure on the child at our own discretion, and Dr. Godson's words strengthen my preconceived ideas.

I operated on the old lines, in the hope of saving both child and mother, by a method which has been successful, and which has received the sanction of some of our best obstetricians. I was well aware of Porro's operation, having translated* from La France Medicale, at the time, particulars of two Porro operations performed by M. Tarnier. I, however, thought Cæsarean section, pure and simple, would afford my patient a good chance of recovery. The cause of death in my case would not have occurred if Porro's operation had been performed, though the patient might have died from shock, hemorrhage, or septicæmia. In any future case I should certainly advise Porro's operation. The time has come for our obstetrical societies to thoroughly settle this question, and lay down rules for the guidance of general practitioners in those cases, where, through deformity, it is impossible to deliver *per vias naturale*. We want a definite pronunciamento, which I put in the form of questions.

1st. Should Cæsarean section on the old lines be totally abandoned, and utero-ovarian amputation be always added to it?

2d. Should the pregnant, deformed, or otherwise diseased woman be always allowed to go to her full time so as to produce a living child? To both these questions I answer, yes.

PROFESSOR BARTHOLOW has been elected a member of the Societe Medico Pratique De Paris.

---

*Medical Press and Circular,—"Cæsarean Section; Removal of Uterus and Appendages."

THERAPEUTIC NOTES.

INTRA-PULMONARY INJECTIONS OF IODINE IN PHTHISIS.

Dr. Beverly Robinson recently read a paper before the Practitioners' Society (Medical Record) on the advantages of intra-pulmonary injections of iodine in cases of phthisis. This method of treatment was first brought to the attention of the profession by Professor William Pepper, in 1874. It has not, however, come into general use, although its value as an auxiliary to the systematic treatment has been repeatedly proved by the most competent observers. In Dr. Robinson's first series of seven cases the results were negative. In his second series of eleven cases, its good effects were more marked. Six of the patients were certainly benefited with respect to their cough and breathing; the cough became less frequent and intense, the breathing became easier, and sleep was rendered more comfortable. In three other cases the expectoration was notably diminished, and in one case the severe localized pain was lessened.

Dr. Robinson considers it advisable to inject the consolidated lung tissue, as well as the cavities with the view of procuring resorption. In concluding his paper, he predicts that by a combination of supra-alimentation, continuous dry inhalations, and intra-pulmonary injections, many patients will yet be saved, who with the usual remedies would certainly die.

TREATMENT OF SPRAINS.

Professor Brinton says the best result will be obtained in the treatment of severe sprains by placing the affected limb at once in a vessel of hot water, and keeping it there for about fifteen minutes. Boiling water is to be added from time to time to keep the temperature as hot as the patient can bear it. The limb is then to be lightly bandaged, placed at rest, and elevated, and lead-water and laudanum applied if there be much inflammation. After a few days of this treatment the swelling will begin to subside. The joint should then be immobilized by the plaster or silicate of soda dressing, and the patient permitted to walk a little every day. In chronic cases where there is tenderness and loss of power in the joint after even moderate exercise, great relief can be obtained by the application of a firm flannel bandage, and wearing a high laced shoe.

OSMIC ACID IN SCIATICA.

Dr. James Mercer (Lancet) reports the result of the hypodermatic use of osmic acid in eighteen cases of sciatica that had resisted all other known methods of treatment. He injected from three to five minims of a one per cent. solution deeply over the course of the sciatic nerve at a point midway between the tuber ischii and trochanter major. In twelve cases a complete cure was effected after from one to four injections. The remaining six patients were only temporarily relieved, but they stated that they were made more comfortable by it than by the hypodermatics of morphia. The injections of the osmic acid solutions were not followed by any constitutional symptoms. Locally, a feeling of numbness at the point of insertion was complained of. This, however, was only transient.

CHLOROSIS.

Professor Bartholow's experience is confirmative of the truth of the theory recently advanced, that chlorosis is dependent upon a depression of the nervous centres. A typical case in illustration was recently presented before the Jefferson Clinic. The patient, a girl, æt. 20 years, had been taking iron and arsenic for a long time with but little benefit. She still had the characteristic chlorotic complexion. Her appetite remained poor. She suffered great distress after meals, and her bowels were markedly constipated, only averaging one passage a week.

Professor Bartholow directed her to take as a nerve-tonic, and as a stimulant to the primary assimilation—

℞. Strychnia sulph. . . gr. j.
Acidi phosphorici, dilut. . ℥j.

M. Sig.—Ten drops in water after meals.

For the constipation he directed her to take three times a day a pill composed of—

℞. Ext. nucis vomicæ . . gr. ¼.
Ext. physostigmæ . . gr. ¼.
Ext. belladonnæ . . gr. ¼.
Ext. aloes . . . gr. j.
Ferri sulphatis exsicc. . gr. j.

Under this treatment, her improvement was rapid.

ASCARIDES VERMICULARIS.

Professor Bartholow attributes the frequent want of success in this troublesome affection to the fact that all the parasites and their ova are not destroyed. The common opinion is that they only infest the rectum. In reality though, they extend all along the colon even as far as the ileo-cæcal valve and are consequently beyond the reach of ordinary injections. The most effectual way to get rid of them is to irrigate the whole large intestine with a decoction of aloes or quassia. This can only be done by placing the patient in the knee and elbow position and slowly passing about two quarts of the injection into the bowel. Where this method is impracticable, a pill composed of equal parts of santonine and calomel should be given at night, and an ordinary rectal injection administered on the following morning.

The folds of skin and mucous membrane around the verge of the anus should be carefully sponged with a one per cent. solution of carbolic acid, to destroy any ova that may be there. Internally, tinct. ferri. chlor. ♏xx should be given four times a day to remove that saburral state of the intestinal canal which favors the development of the parasites.

ACUTE PLEURISY.

In the first stage of acute pleurisy in young and vigorous adults, Professor DaCosta recommends the abstraction of eight to twelve ounces of blood by means of wet-cups. This is to be followed by the application of a large poultice over which a few drops of laudanum may be sprinkled. If wet-cupping be inadmissible, turpentine or mustard cloths should be placed over the affected side, and the patient made comfortable by small hypodermatic injections of morphia. Aconite should be administered to control the circulation, and the patient be kept gently under the influence of opium by small doses of pulv. Doverii.

After the effusion has occurred, neither cupping, nor turpentine, nor aconite, should be employed, as the heart is apt to be displaced and the circulation depressed. Digitalis should then be given for its stimulant and diuretic effects. Acetate of potash will also be found beneficial. In cases where the effusion lingers, Professor DaCosta recommends the administration of iodide of potash, combined with the external application of small, frequently-repeated blisters. Mercury at times will effect a cure when everything else has been tried in vain.

In those cases where the effusion is so overwhelming as to threaten life there is no other alternative but to tap or aspirate, to gain time.

GONORRHŒA.

Professor Gross says no error is more common or more injurious than that of ordering a cubeb mixture and urethral injections for the early stage of gonorrhœa. The proper treatment is to put the patient in bed, and give him at once ʒij each of Epsom and Rochelle salts in syrup and soda water. This will insure four or five free evacuations within the next twelve hours. His diet should be restricted to milk, eggs, broths, and a few oysters; no meats, coffee, alcohol or malt liquors are to be allowed. He should be directed to bathe his penis three times a day in water as hot as can be borne, for five minutes at a time, and to take internally—

℞. Magnesii sulphatis . . ʒj.
Antimonii et potassii tart. gr. j.
Tinct. aconiti rad. . . ♏xxiv.
Potassii citratis . . ʒvj.
Syrupi simp. . . . ℥iij.
Aqua . . . . ℥iij.

M. Sig.—One tablespoonful in water three times a day.

This will control the inflammation and alkalinize the urine. If there be much burning during micturition, tinct. cannabis ind. ʒij may be added to the above prescription.

If chordee be anticipated, the patient should give the penis a prolonged hot bath before going to bed, and insert into the rectum a suppository composed of camphor gr. iij and ext. opii aq. gr. ij. If this treatment be carried out faithfully for four or five days, the pain on urination will be found to have disappeared, and the discharge will resemble laudable pus. Mild injections will then be found useful. Professor Gross frequently orders a solution of bichloride of mercury gr. ij to the pint, or liq. plumbi sub-acetatis ʒj, aqua ℥x, or plumbi acetatis gr. ij, zinci sulphatis gr. iij, aqua ʒj. Any of these injections can be used three times a day, but the hot water baths are to be still kept up. Copaiba or cubebs can be given with advantage also in this stage. A common prescription at the Jefferson College Dispensary is—

℞. Pulv. cubebs . . . ℥ij.
Aluminis . . . . ʒj.

M. Sig.—Half teaspoonful in water three times a day.

In private practice, Professor Gross usually directs two or three copahine capsules to be taken after each meal. Each capsule contains copaiba gr. v and cubebs gr. v, combined with a small quantity of nitric acid and magnesia, and is an elegant and effective way of administering these remedies.

PRURITUS VULVÆ.

Dr. Lombe Atthill recommends the following lotion in pruritus vulvæ:—

℞. Acid carbolici . . . gr. xx.
Tr. opii. . . . ℥ss.
Acid hydrocyanici, dil. . ʒij.
Glycerini . . . . ℥ss.
Aquam q. s. ad. . . ℥iv.

M. This is to be applied by means of a piece of cotton thoroughly saturated with it and left in contact with the parts.

PHENOL CAMPHOR.

Dr. Theodore Schaefer (Peoria Medical Monthly) applies the name phenol-camphor to a compound of equal parts of camphor and heated crystallized carbolic acid. A clear and permanent liquid is the result, which has the odor of camphor, and appears to be devoid of the irritating qualities of carbolic acid. It is insoluble in glycerine and water, but freely soluble in alcohol, ether, chloroform, and the volatile oils. It has been used with success in parasitic skin-eruptions and also as a local anæsthetic to relieve the pain of ingrowing toe-nails. Dr. Schaefer has also found it efficient in odontalgia as the best application to the cavities of carious teeth.

SICK-HEADACHE.

Dr. W. Gill Wylie (New York Medical Journal) has obtained excellent results in sick-headache from the following method of treatment: As soon as the first pain is felt the patient is directed to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour, until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache, as such, is almost invariably cut short by this plan.

A PERMANENT SURGICAL DRESSING.

M. Marc Sée contributes an article upon this subject to the "Bull. de l'Acad. de méd." (New York Medical Journal), in which he details the results of his method of treatment in several cases. His mode of procedure is, briefly, as follows: After finishing an operation, and just before tying the sutures, he sprinkles over the surface of the wound about a drachm of subnitrate of bismuth, which at once stops

the oozing by forming a thin, dry layer, occluding the mouths of the small vessels. After introducing a drainage-tube, he closes the wound with quilled sutures, small rolls of iodoform gauze being substituted for the ordinary quills. The line of incision is then covered with a layer of bismuth, and a dressing of carbolized gauze is applied. It is not necessary to disturb this dressing until it is time to remove the sutures or drainage tube. The advantages asserted for bismuth are its cleanliness, its property of absorbing fluids, the fact that it does not act as a foreign body when interposed between the lips of a wound, and, lastly, its cheapness. Stress is laid particularly upon the fact that it is rarely necessary to disturb the dressings during the process of healing.

PARALDEHYDE AS A HYPNOTIC.

Dr. S. A. K. Strahan (Lancet) says that paraldehyde is an equally sure hypnotic with chloral, and does not in any case produce excitement before sleep, or leave any headache or other unpleasant symptoms on awakening, and it does not affect the appetite. These are all matters of importance; but there is another advantage which it possesses over chloral which at once gives it a place among our most useful hypnotics, and that is the absence of any depressing or paralyzing action on the heart. This absence of action upon the cardiac centre permits of its being given with perfect safety to general paralytics and others to whom chloral would only be given with the greatest caution and with constant anxiety as to the result of even small doses. Dr. Strahan has employed it over 150 times in about twenty-five cases, and found but two patients who did not respond to medium doses of the drug. One of these was suffering from acute mania, and the other from severe facial neuralgia. He has given it in mania, acute and chronic, melancholia, dementia, the various stages of general paralysis, during those periods of restlessness and sleeplessness so often met with in idiots and imbeciles, and in simple insomnia, and found it almost invariably a certain somniferent. It acts more quickly than chloral. When a dose is taken a feeling of warmth, a kind of grateful glow, is experienced, and the patient is often asleep within ten or fifteen minutes. When it does not produce sleep it does not excite, but rather tends to soothe and calm an excited or depressed patient.

The sleep induced by it is a nearer approach to natural sleep than that obtained by the administration of any other drug. It is light, apparently dreamless, and certainly refreshing; the patient can at any time be awakened by a loud word or a gentle shake, and when so aroused does not display any alarm or confusion of ideas, and if left alone at once falls to sleep again. No headache or other unpleasant symptom is experienced on waking, and the appetite is not injured even by the daily exhibition of the drug for considerable periods—in one of my cases for over three weeks.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose repeated within an hour, is much more effective than a single large dose.

MULLEIN IN CONSUMPTION.

Dr. F. J. B. Quinlan (British Medical Journal) claims that mullein root in the early stages of phthisis is weight-increasing and curative to a greater extent than any other agent, not even excepting cod-liver oil. It is best administered in a decoction of milk. In this form it will be found soothing and cordial, and really liked by the great majority of patients. In the later stages of phthisis it is of benefit in relieving the cough and preventing the diarrhœa. Among the cases mentioned by Dr. Quinlan, as illustrative of its value, is that of a shepherd, who, after suffering for many years from a winter cough, had to give up work and was taken into the hospital, where he was kept for three months. He was then discharged as incurable, and went home to die. A neighbor persuaded him to try the mullein-plant. He boiled a pound of the root in two quarts of water until it was reduced to one quart, and took half a wineglassful three or four times a day. His cough was very soon relieved, and he rapidly gained strength and increased in weight, and was able to resume work. He has had many a winter cough since, but it soon yields to his old remedy.

DRY CUPPING IN THE TREATMENT OF ANTHRAX.

Dr. E. I. Thorn (Medical Record) claims that this method is far superior to the old treatment of carbuncle. He writes: "Upon the appearance of one or more of the small ulcers at the apex of the tumor, apply the cup after inserting a lighted taper moistened in tur-

pentine. In a moment this will open the cells, and there will exude into the cup a teaspoonful, more or less, of sanious pus. Follow this operation with poultices to keep up the discharge, and in a few days the carbuncle will disappear. In this way we avoid from three to six weeks of suffering, and the constitutional results of the usual protracted illness."

GASTRODYNIA.

Dr. John W. Martin (Medical Press) reports an obstinate case of gastrodynia which was finally cured by the administration of—

℞. Sodæ bicarb. . . . ʒiss.
Tr. nucis vom. . . . ♏xl.
Liq. morph. . . . . ʒj.
Sp. am. aromat. . . . ʒiss.
Syrupi zingib. . . . ʒj.
Aquæ menth. pip. ad. . . ʒviij.
M. Sig.—Two tablespoonfuls four times a day.

PERTUSSIS.

Professor G. L. Magruder (American Journal of Obstetrics) reports four cases of pertussis in which the paroxysms of coughing were lessened in severity and frequency, the distressing vomiting prevented, and uninterrupted sleep obtained at night by the use of—

℞. Auri et sodii chloridi . . gr. ij.
Aquæ distill. . . . ʒj.
M. Sig.—Five drops every two hours.

INTESTINAL HEMORRHAGE.

Richard Halpin, M. R. C. S (British Medical Journal) reports the following case, illustrative of the value of hamamelis in intestinal hemorrhage. The patient, a cabinet-maker, æt. 44, had been subject for eight years to bleeding from the rectum. The hemorrhage was periodic, coming on in alternate months, lasting four weeks at a time. The blood was passed in the morning, immediately after the bowels had been relieved. It was bright red in color, usually fluid, but sometimes coagulated, and amounted to about two ounces. The patient's general health suffering considerably, he was reduced to a condition of great debility, and was forced to seek advice at St. Bartholomew's Hospital. He was found, on examination, to be free from piles, fistulæ, etc., and was treated with little or no benefit as an out-patient. In November, he was admitted as an in-patient at the Royal Hospital for Thoracic Disease, and was found to have taken almost every drug in the Pharmacopœia; but the hemorrhage still continued. Knowing the value of hamamelis in these cases, it occurred to Dr. Halpin that the aqueous distillate of the fresh bark known as hazeline might be of use, and he accordingly injected an ounce, diluted with a small quantity of water, into the patient's rectum, giving at the same time half a drachm by mouth every three hours. The bleeding was at once arrested, and, although he remained for some weeks under observation, there was no return of his old trouble.

Dr. Halpin has obtained equally good results from the use of hamamelis in cases of pulmonary hemorrhage.

QUINOLINE IN DIPHTHERIA.

Seiffert (Berlin. klin. Wchnschr.; Union Méd.) has used tartrate of quinoline somewhat extensively in diphtheria. He employs topical applications of a five per cent. solution, and states that its use is followed by a fall in the temperature and an improvement in the local and general condition.—*New York Medical Journal.*

AN OINTMENT FOR ECZEMA OF THE EYE-LIDS.

Galezowski (Union Méd.) proposes the following:—

℞. Oil of cade . . . ♏iv.
Red precipitate . . . gr. 1⅔.
Camphor . . . . gr. iv.
Vaseline . . . . ʒiiss.

Apply to the eczematous patches on the nose and lids of scrofulous children.—*Ibid.*

AN ANTISEPTIC MOUTH WASH.

Magitot (*Ibid.*) suggests the following—

℞. Borate of sodium . . gr. xv.
Thymol . . . . gr. viij.
Distilled water . . . O.

The mouth is to be washed several times daily, to correct fetor of the breath. The solution also acts as a local anæsthetic in cases of decayed teeth.

AN APPLICATION FOR ELYTRITIS.

Sigmund (*Ibid.*) uses this glycerite—

℞. Iodine . . . . gr. 1¼.
Iodide of potassium . gr. vij to xiv.
Glycerin . . . . ʒv.

Tampons saturated with the solution are to be introduced into the vagina.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, April, 1885.

INTRA-CAPSULAR FRACTURE OF THE NECK OF THE FEMUR.

THE tradition has been handed down from time immemorial that bony union after intra-capsular fracture of the femoral neck is impossible. Nature, it is stated, refuses to furnish the material necessary for repair. She realizes that if a superabundance of callus were thrown out, the synovial cavity would become filled, and anchylosis result. Not wishing to involve the patient in the trouble which this supra-generosity might entail, she declines to throw out any callus whatever, and consigns him for the rest of his life to the care of a crutch and his room. This, however, is only a plausible explanation of a failure to effect a cure, and not an enunciation of a fundamental principle. Union has been obtained sometimes by judiciously directed treatment, and sometimes without any treatment whatever.

At a recent meeting of the Philadelphia County Medical Society, Dr. John B. Roberts presented a case of a woman seventy-eight years old, in whom an intra-capsular fracture of the femoral neck had occurred, and in which union spontaneously resulted after treatment had been practically abandoned. In this case the usual method of extension, counter-extension, and lateral support by sand-bags was resorted to upon her admission to St. Mary's Hospital. Within four days, incontinence of urine, the appearance of bed-sores, and her general debilitated condition, showed that there was danger of her passing into a typhoid state and dying. Dr. Roberts accordingly ordered the fracture dressings to be removed, so that the bed-sores could be properly treated, and told the resident physician that no union of the fracture was likely to occur, and that the treatment should be wholly directed to saving the patient's life, by tonics, stimulants, and food, and to prevent the development of further bed-sores by frequent changes of position, and to let the patient sit up as soon as possible. Six days subsequently she was sitting up in a chair. The bladder symptoms gradually improved, she soon sat up all day, and five weeks after admission she was walking on crutches. Four weeks later she was discharged from the hospital, being able to walk without any assistance, and having every motion of the joint except full inversion.

Dr. Roberts stated his belief that the non-occurrence of union in some cases is to a certain extent due to the violent and unjustifiable manipulation, to which injured hips are often subjected in the attempt to demonstrate crepitus and preternatural mobility. He considers it unnecessary and improper to imperil the future usefulness of the limb merely to arrive at an absolute diagnosis. In cases of doubt, it does no harm to treat the case as one of fracture, even if none exist, but violent manipulation by tearing connecting bands of periosteum, or separating impacted fragments greatly reduces the probability of union.

In the discussion that followed, cases were related by Dr. O'Hara, Dr. Packard, Dr. Levis, and Dr. Hewson, in which union and good use of the limb were obtained after this fracture, notwithstanding the hopeless prognosis usually given. All the speakers agreed with Dr. Roberts in condemning unwarrantable manipulations in making the diagnosis.

The essential reason, however, for the failure to secure union is that the fractured ends of the bone are not brought together. For a great many years it was supposed that bony union of the patella could not be obtained, and a great many ingenious theories were advanced in explanation. They were all, however, finally shown to be fallacious. Union can be and is obtained by bringing the fragments in contact with each other and keeping them there. To effect this same result in intra-capsular fractures of the femur, Dr. S. J. Parker, in a recent number of the Polyclinic, suggests the advisability of endeavoring to keep the ends in apposition by a clamp, connecting the head of the femur with the great trochanter. That, however, would involve the perforation

of the joint, with its attendant dangers, and is not practicable.

Professor William H. Pancoast has for several years carried out a plan of treatment which fulfils every indication, and which has yielded most admirable results. He noticed that when a person is in the horizontal position the external rotator muscles draw the thigh outward and evert the feet, thus simulating in a healthy limb the very deformity which is so characteristic of intra-capsular fracture. If, however, the sitting posture be assumed, the adductor muscles act so powerfully that the feet cannot be everted without considerable effort. Professor Pancoast accordingly concluded that the old method of treating these cases in the recumbent position was positively injurious, not only because it was conducive to the formation of bed-sores and prejudicial to health, but, also, because it almost invariably prevented union, by permitting the external rotator muscles to drag the fragments of bone away from each other. Since that time he has treated his patients in a sitting position, in an easy chair especially constructed for that purpose. In this way their health is maintained, their comfort assured, bed-sores prevented, and the fractured ends approximated. Perfect union has been obtained in nine successive cases, one of the most remarkable being that of a man eighty-two years of age.

MENTAL OVER-WORK AND PREMATURE DISEASE.

THE Toner lecture, delivered by Dr. Charles K. Mills, and recently published by the Smithsonian Institution, is a valuable contribution to our knowledge of the relation between mental overwork and premature disease. It is well-known that intellectual work, *per se*, is not injurious to health or life, but every physician has met with cases in which sudden failure of the mental or physical powers was directly traceable to an unusual or protracted strain upon the mental faculties. The influence of anxiety, grief, and other morbid states of the mind in increasing the predisposition to various diseases, or adding to their gravity if already existing, is a matter of everyday observation. In this connection it is only necessary to mention rheumatoid arthritis, interstitial nephritis, diabetes, and lithæmia, as pre-eminent among the affections which are universally admitted to follow prolonged grief, anxiety, or other form of mental worry. It is too often forgotten though, that mental depression is frequently synonymous with mental exhaustion. As Dr. Mills truly and tersely observes, "worry is in itself a form of brain work; to worry means to cerebrate intensely."

The lecture was based upon a study of sixty cases of men prominent in political and professional life, in all of whom loss of health or life was mainly attributable to excessive brain-work and brain-strain.

Their actual occupations were: cabinet officer, one; senators, eight; representatives in Congress, ten; department officials, five; governors, two; candidates for important offices, two; physicians, six; lawyers, seven; clergymen, two; journalists, four; scientists, six; teachers, seven.

Twenty-eight of the sixty, therefore, were men in political and official life, and eighteen of these were members of Congress.

Mercantile life is equally prolific of examples of premature failure of health, owing to the anxiety and excitement attendant upon the getting and losing of wealth in this era of competition.

While brain strain is particularly dangerous to those who have passed the prime of life, the risk that it entails at all ages is shown by the fact that in the sixty cases under consideration the break-down occurred between twenty-five and thirty years in two cases, between thirty and forty in fourteen cases, and between forty and fifty in eighteen cases. Of the remaining twenty-six cases, seventeen broke down between fifty and sixty years, and nine between sixty and seventy. In every instance, however, sudden or unusual brain-work, or strain, terminated the careers of those who were apparently destined to live from five to twenty years longer.

Fortunately, mental exhaustion manifests itself by several definite premonitory symptoms, which, if heeded, may enable a fatal issue to be averted. The most prominent of these early warnings are, as Dr. Mills observes, the

symptoms of the affection conveniently termed acute neurasthenia, and are as follows: 1st. Certain psychical symptoms, such as excessive irritability of temper; depression of spirits; morbid impulses or fears; constantly recurring thoughts or phrases; impairment of memory, and changes in habits and methods of work. 2d. Laxity or immobility of countenance. 3d. A diminution or loss of physical resisting power. 4th. Heart failure. 5th. Sleeplessness. 6th. Pain or distress in the back of the head or neck. 7th. Nervous dyspepsia.

These symptoms are in all probability due to impairment of the regulating and inhibiting power exercised by the higher cerebral centres upon the centre of organic function, situated in the medulla oblongata. This impairment results from the over-stimulation and consequent exhaustion of the higher cerebral centres dependent upon undue intellectual exertion. An overworked nerve will waste as well as an overworked muscle. "Every mental act is associated with some molecular change in the gray matter of the cerebral convolutions. When mentalization proceeds beyond the limits which are practically fixed for every individual, exhaustion, defective nutrition, and sometimes cell-atrophy results." As a consequence, various vaso-motor or atrophic changes result, which culminate in a grave disease.

Another danger which must not be overlooked, is that that overwork of any portion of the brain means overwork of the vessels going to that part. It is impossible to subject vessels anywhere to frequent increased pressure without producing disease of their walls, or exposing them to the risk of rupture if such disease already exists. In four cases of the series under consideration death was caused by cerebral hemorrhage, undoubtedly the result of undue pressure upon atheromatous arteries. In other cases, hyperæmia and minute hemorrhages into the pons varolii and medulla oblongata occur after severe mental strain. Richardson records the case of an overworked English statesman, who, while speaking upon a momentous question in Parliament, became faint and was compelled to retire. Examination showed that he had developed diabetes which ended fatally.

Dr. Mills believes that the cause of the sudden disease in this case and the cause of sudden death in a great many others, are to be found in extravasations into the vital regions of the medulla. He has examined many cases of sclerosis, paretic dementia, and epilepsy, to discover, if possible, the immediate cause of death, and invariably found recent congestive and hemorrhagic areas in the floor of the fourth ventricle, containing widely dilated vessels, filled with freshly coagulated blood, and at times surrounded by extravasations. These observations agree with those made by Von Der Kolk and others, and indicate the line of treatment which should be followed.

COLLEGE GOSSIP.

University of Pennsylvania.

Dr. W. L. Zuill was elected to fill the Chair of Surgical Pathology in the Veterinary Department.

Plans were approved for the erection of a building, to comprise stables and a hospital for the Veterinary Department.

Dr. E. T. Bruen (Class of 1873) delivered an interesting lecture on "The Germ Theory of Disease," at the last meeting of the Alumni Association, Philadelphia College of Pharmacy.

Dr. J. M. Anders (Class of 1877) read a valuable paper before the Philadelphia Social Science Association recently, on "The Sanitary Influences of Forest Growths and Public Squares."

Professor Osler, who has been appointed to deliver the Gulstonian Lectures before the Royal College of Physicians, London, was granted leave of absence for that purpose by the Trustees, and sailed for England on February 11th. Professor Osler has selected for his subject "The Pathology of Endocarditis."

At the meeting of the Trustees, on March 2d, the resignation of Dr. Harrison Allen, as Professor of Physiology, was received, to take effect at the end of the present term. It was stated that the resignation was tendered on account of increasing professional duties, and a consequent greater demand upon his time.

Jefferson Medical College.

The Spring course of Lectures will commence on Monday, April 13th.

Dr. George McClellan will give a similar course on Practical Surgery.

Dr. F. E. Stewart (Class of 1879) was married on March 17th to Miss Ida Seidel.

Dr. Orville Horwitz (Class of 1883) has been appointed Resident Physician at the Pennsylvania Hospital.

Dr. Robert S. Wharton (Class of 1876) has been elected Physician to the Pennsylvania Institution for the Deaf and Dumb.

Dr. Morris Longstreth delivered an illustrated lecture before the class on February 13th, on "The Minute Organisms of Disease."

It is stated that Professor Mallet will resign from the Chair of Chemistry at the close of the present session, and resume his former professorship in the University of Virginia.

The Annual Commencement exercises will be held in the Academy of Music on April 2d. Professor William H. Pancoast will deliver the Valedictory Address to the Graduating Class.

Dr. James C. Wilson will give a series of lectures on Physical Diagnosis, with practical instruction in the wards of the Philadelphia Hospital, during April and May.

By invitation of Professor Parvin, Dr. William H. Parish (Class of 1870) lectured to the class on February 7th, on the relative merits of Symphisiotomy, Cæsarean Section, Laparo-Elytrotomy, and the Porro and Porro-Muller operations.

At a meeting of the class held on the 17th ult. the following minute was adopted:—

"The Class of Jefferson Medical College have learned with profound sorrow of the death of Ellerslie Wallace, M.D., late Professor of Obstetrics in and Dean of the College. They desire to place on record their high esteem for the character and attainments of their revered teacher, their appreciation of his services to the community and to science, and their sense of the great loss which the profession has sustained in his death. They desire to express to the bereaved family their deep sympathy, and hope that they will find consolation in the knowledge that all who came in contact with him loved him as their friend and will so mourn him.

"It is the wish of the Class that a copy of this minute be sent to the family, and that it also be placed upon the official record of the Class proceedings."

Rush Medical College.

The commencement exercises were held in Central Music Hall, on February 17th. The degrees were conferred by the President of the College, Professor J. Adams Allen, and the Valedictory Address was delivered by Professor W. H. Byford. The number of students in attendance during the past college term was 401; the graduating class numbered 151.

University of Virginia.

It is announced that a Veterinary Department will soon be organized at the University, and that a hospital will be erected for the treatment of diseases of animals.

The New England Medical Monthly recently presented its readers with an admirable portrait and biographical sketch of Dr. Hunter McGuire, the University's distinguished Emeritus Professor of Surgery.

Milwaukee Medical College.

Dr. H. V. Ogden has been appointed Professor of Materia Medica.

Dr. James Dorland has been appointed to the Chair of Principles of Medicine.

Memphis Hospital Medical College.

Dr. W. M. Fuqua, of Hopkinsville, Ky., has been appointed Professor of Anatomy.

Detroit Medical College.

Dr. Thomas N. Reynolds, Professor of Materia Medica, Therapeutics, and Clinical Medicine, died at San Antonio, Texas, February 14th, from hæmoptysis.

New York Post-Graduate School.

Dr. E. C. Spitzka has resigned the Professorship of Neuro-Anatomy.

NOTES, QUERIES, AND REPLIES.

[This department of the journal is open for short communications from any of its subscribers.]

GOITRE.

EDITOR OF MEDICAL BULLETIN: I have a case of goitre of about eighteen months' standing, the patient being a woman of twenty-eight years, and the mother of three children. My treatment consisted of tincture of iodine locally, and the following mixture internally, three times a day—

℞. Tinct. aconiti . . . . gtt. j.
Tinc. ferri muriat. . . gtts. v.

This checked its growth. I then gave chloride of ammonium, gr. x, three times daily, for a long period, until the patient has taken nearly half a pound of this remedy, but the tumor has remained the same size. I would be glad if you would suggest a further line of treatment.

E. S. B.

ANS.—If the case is one of ordinary bronchocele, deplete the gland by leeching or tapping it freely with the small needle-knife, encourage bleeding by the application of hot-water cloths, and then rub in a small quantity of the oleate of mercury. Give internally a combination of the iodides of potassium and ammonium.

If the case is, however, one of exopthalmic goitre, it will be more speedily relieved by the daily use of the descending faradic current, conjoined with the internal administration of ergot and belladonna, and the external application of the oleate of mercury ointment.

Alimentation in Disease.

Editor of Medical Bulletin.—*Dear Sir:* Your remarks in the February number of The Bulletin on alimentation in disease are *apropos* and timely. It is a subject that has been too much overlooked. Too much reliance has been placed on the curative action of drugs, and too little upon judicious feeding. The two fundamental principles laid down by Professor Flint in his admirable address, that there is no danger in over-nutrition, and that in all diseases which destroy life by slow asthenia or exhaustion, death is due to starvation, and may be averted if effective nutrition and assimilation be practicable, are true, and of the highest importance. I am glad that you have called the attention of the profession to the subject. If the numerous young physicians of the country at large would give heed to your teachings, it would be better for all concerned. In typhoid and other wasting and debilitating fevers, judicious alimentation, combined with suitable medication, affords the surest promise of success. I am confident that if more attention were given to this subject by physicians generally, the death-rate would be much diminished, and many valuable lives would be saved.

M. G. Whitney, M.D.,
Plymouth, Pa.

INTENSE ELECTRIC SHOCK, WITH RECOVERY.

BY A. L. HUMMEL, M.D.

With the rapid advancement made in electrical science the accepted theories relating thereto must of necessity be more or less modified. In no line of electrical experimentation are more new phenomena developed than in the perfecting of the various systems of electric lighting. Without presuming to add anything valuable to the literature on this subject, the writer desires to place on record several cases of accident resulting from the careless handling of the wires of the Brush Electric Light Company of this city.

The first is that of an employé of the Brush Company, who, in "cutting a circuit," neglected to observe the usual precautions, and apparently received through his body a direct current sufficient to run fifty arc lamps of 2000 candle-power each. This is a current of 3000 volts, which equals in electro-motive force 2777 Daniell cells, when the sulphuric acid thereof is diluted four times by weight. It is computed that a current of this strength, if condensed in a single arc lamp, would produce a light equal to one-tenth that of the sun. In addition to the direct current, the patient received the shock of the so-called reactionary current, produced by cutting the wire. The force of this latter current is many hundred times greater than the direct current, and its tension is so great that no insulator is known that will not be destroyed under its influence. Diamonds are melted by it, and glass insulators offer no resistance to its power.

The accident in question occurred on March 12, 1885. The current was established through the body of the patient by his grasping the wire with the left hand, while with the right hand, holding a pair of nippers, he cut the wire carrying the current of electricity, and immediately the current was established through his body, contracting the muscles of the hands and arms, thus holding him to the wire at the top of a thirty foot pole, where he hung until a ladder was procured and then released by a fellow workman, at least three minutes being consumed in effecting this object. Notwithstanding the length of time the current was passing through his body and the strength of the current itself, he was able to reach the pavement with slight assistance. Aside from the charring of three fingers of the left hand, and a comparatively small but deeply burnt hole in the palm of the right hand, he has suffered little or no disturbance of the functions of the body, if we exclude a slight rise in temperature soon after the accident. He has never taken to his bed nor been confined to the house. His only treatment was that usually employed for simple burns.

A similar case was that of an employé of the Bell Telephone Company, who, on March 17, 1885, in endeavoring to carry a line over the wires of the Brush Electric Light Company, climbed one of the poles of the latter company, which supported wires carrying a current of electricity of the same strength described above. Not knowing the danger of such a procedure, he clasped with his right hand the "tie wire," which attached the positive line to its insulator, and with his left hand the same wire of the negative line. These wires being heavily charged, he received through his body what is popularly known as a "shunt" or derived current, which, as in the former case, held him in that position until an assistant ran the distance of five squares to the electric light station, where the circuit was immediately broken and the patient released. By reason of a rope attached to his body passing over an arm of the pole and held

by an assistant, he was prevented from falling. He was taken to the pavement in an unconscious condition. This patient received through his body, *for at least five minutes*, a current of indefinite electro-motive force, which rendered him insensible for a time, but from which he soon rallied.

In this patient the thumb of the left hand was burnt nearly off, requiring amputation at the metacarpo phalangeal joint, and the index and middle fingers of the right hand were similarly burnt and removed.

Up to the time of this writing his pulse has never been higher than eighty-six, nor his respiration higher than twenty-four (reaching this point soon after the amputation), nor his temperature more than 101°.

In neither of these cases were there any perceptible marks showing the course of the current, nor was there any feeling of soreness in the chest or limbs, although in each case there was a certain loss of motion and sensation in the forearms.

Both patients received only the usual treatment for burns, both are on a fair way toward complete recovery, and unless unforeseen complications arise, we believe neither will suffer any discomfort, except from the local injuries.

Believing, that as the system of electric lighting becomes more universal, and the accidents attendant thereto become more numerous, many remarkable cases will be developed requiring an explanation, and perhaps modifying our ideas of the fatality of the electric current, the writer is impelled to simply place the above cases on record, leaving the explanation o their peculiarities to other and more competent pens.

1217 Filbert Street, Philadelphia, Pa.

MEDICAL NEWS AND MISCELLANY.

DR. P. H. BAILBACHE, Surgeon, U. S. Marine Hospital Service, is now on duty in Philadelphia.

THE consolidation of the Detroit Medical College with the Michigan College of Medicine is announced.

DR. W. PAGE MCINTOSH (Medical Record) reports two cases of acute atrophic paralysis due to arsenical poisoning.

THE Annual Meeting of the Louisiana State Medical Society will be held in New Orleans, on April 21st, 22d, and 23d.

THE Annual Meeting of the Medical Association of Georgia will be held in Savannah on the 15th, 16th, and 17th of April next.

A SANITARY CONVENTION under the auspices of the Michigan State Board of Health, was held in Lansing, Michigan, on March 19th and 20th.

DR. R. C. EVE, of Augusta, Ga., Professor of Materia Medica in the Medical Department of the University of Georgia, died at his home January 30th.

DR. J. NEVINS HYDE, who for several years past has been the chief editor of the Chicago Medical Journal and Examiner has retired from that position. Dr. S. J. Jones has been appointed his successor by the Directors of the Medical Press Association.

DR. SIDNEY RINGER (Journal of Mental Science) records several cases in which the administration of a drop of nitrite of amyl was followed by death-like pallor and giddiness, the patients passing into a semi-unconscious state and remaining so for several minutes.

DR. W. J. BEATTY (British Medical Journal) has cured eight cases of nævus perfectly and painlessly, by painting the affected spot night and morning with liquor arsenicalis until ulceration took place. By this means a cure is effected in from three to five weeks.

A WRITER (St. Louis Medical Journal) recommends the oleate of chloral in pruritus, eczema, and other affections in which itching is a prominent and unbearable symptom. He prepares the remedy by mixing together one drachm each of chloral and camphor, and one ounce of oleic acid.

DR. WILLIAM BRAITHWAITE, the well-known English physician and surgeon, and founder of the Retrospect of Medicine, died at his home in Leeds on January 31st. The Retrospect will be continued under the editorial charge of Dr. James Braithwaite, the son and former assistant of its distinguished founder.

DR. H. B. GIBBON (Medical Age) reports a case of persistent asthma in a boy æt. 7 years, which was evidently due to the reflex irritation caused by a large mass of cerumen in the external auditory canal, and in which all the symptoms disappeared as soon as the cerumen was removed.

MINNESOTA COLLEGE HOSPITAL.—"On February 18th, Dr. Stone gave a reception to the graduating class and faculty and the physicians of the twin cities. Such occasions are invaluable in promoting good feeling and harmony in the profession, and no one knows better than Dr. Stone how to make a success of them."

FOR controlling the pain in acute articular rheumatism the following ointment is extensively used in Bellevue Hospital:—

℞. Hydrate chloral . . . ʒj.
Ac. salicylic . . . . ʒiss.
Ung. stramonium . . . . ʒj.
—*Louisville Medical News.*

DR. MONAD (Medical Press) advises a new treatment for strangulated hemorrhoids, which he has followed with great success. It consists in forcibly dilating the anus, as in cases of anal fissure. As soon as the sphincter is paralyzed by this method, the strangulation is removed, the pain ceases, and in a few days the hemorrhoids disappear.

DR. W. T. EASLEY (Medical and Surg. Reporter) reports an obstinate case of epistaxis in which all the ordinary hæmostatics had been used in vain. The hemorrhage was so profuse that death seemed inevitable unless it could be controlled. Dr. Easley then prescribed the fluid extract of hamamelis in ʒss doses every fifteen minutes. This checked the flow immediately.

CASE OF CÆSAREAN SECTION.—"The major part of the operation was performed by Mr. Wright, whom I have also to thank for his subsequent attention to the case. My indebtedness to Dr. Davy, who gave the ether, should not pass without acknowledgment." [The above should have formed part of the communication sent by Dr. Dolan.]

DR. A. MORGAN VANCE (Louisville Medical News) recommends the treatment of cold abscesses by repeated aspiration of their contents, combined with the internal administration of tincture of the chloride of iron and quinine. Three cases are noted by Dr. Vance in which this treatment was used with success, the patients having entirely recovered in from one to three months.

BACK NUMBERS OF THE MEDICAL BULLETIN WANTED.—The publishers of THE MEDICAL BULLETIN want a number of copies of the journal for January, 1885. Any subscriber sending us that number will have his subscription advanced two months, and all others sending us eighty cents and a copy of the journal of the January, 1885, issue, will receive THE MEDICAL BULLETIN for one year.

M. DU MOULIN (Rev. De Therap.) has discovered a new and valuable diagnostic symptom of lead-poisoning. This symptom, which was found in all the cases examined by him, consists in the production of a black stain in the epidermis, due to the deposition of the sulphide of lead, and can be obtained at will by applying to the skin a five per cent. solution of the sulphide of sodium or the sulphydrate of ammonia.

DR. PEYTON TURNER (Texas Courier Record) says that emetics are of especial value in that class of cases of hysteria characterized by tendency of the paroxysms to recur after consciousness has been established, by the use of antispasmodics or the cold douche; in fact where the usual remedies fail, the emetic treatment is the most efficacious at our command, more especially when the paroxysms occur after the taking of food.

PROFESSOR LOUIS ELSBERG, one of the most distinguished of American laryngologists, died at his residence in New York, on February 19th. Professor Elsberg graduated from Jefferson Medical College in 1857. He was lecturer on laryngology for several years in the Medical Department of the University of New York, and at the time of his death occupied a similar chair in Dartmouth Medical College and the New York Polyclinic.

DR. JOHN H. THOMPSON (Medical Record) says chloroform is not a dangerous remedy for tapeworm if properly used, but where any one gives a dose six times as large as necessary of a deadly drug, it may become dangerous. He has had several cases of tænia solium in which, after failing with pumpkin seeds, filix mas, and other remedies, he succeeded with ℞. Chloroformi, ʒj; simple syrup, ʒj. One third given at seven, nine, and eleven o'clock, followed at twelve o'clock by ol. ricini ʒj.

DR. W. G. EGGLESTON (Medical Record) recommends the hypodermatic administration of atropia in cases of electric shock, whether resulting from a stroke of lightning or from a powerful dynamo-electric current. The predominating symptoms are those of extreme cardiac and respiratory depression. Atropia increases the number and vigor of the heart-beats and the number and depths of the respiratory movements. Dr. Eggleston reports three cases in which this treatment was of marked benefit.

WE learn with pleasure from the Egyptian Gazette that one of the most valued contributors to THE MEDICAL BULLETIN, Dr. Grant Bey, of Cairo, has received from the Khedive the insignia of the Third Class of the Imperial Order of the Medjidieh, in recognition of the valuable services rendered by him to the Railway Administration during the cholera epidemic in 1883. The insignia of the Fifth Class of the same Order, had previously been conferred on Dr. Grant as an acknowledgment of his valuable services during the cholera epidemic of 1865.

THE PHILADELPHIA OBSTETRICAL SOCIETY elected the following officers on January 2d: President, B. F. Baer, M.D.; Vice-Presidents, E. E. Montgomery, M.D., and W. H. Parish,

M.D.; Secretary, W. H. H. Githens, M.D.; Treasurer, Alfred Whelen, M.D.; Librarian and Curator, T. Hewson Bradford, M.D.; Council, William Goodell, M.D., T. M. Drysdale, M.D., R. P. Harris, M.D., L. D. Harlow, M.D.; Publication Committee, J. H. Packard, M.D., B. F. Baer, M.D., J. C. DaCosta, M.D., J. B. Walker, M.D.; Library Committee, Horace Williams, M.D., D. Murray Cheston, M.D.

Dr. S. H. Stevenson writes to the Chicago Medical Journal that, in an interview with Dr. Weber, of Darmstadt, he stated that he had found apomorphine to be a most excellent remedy in chronic asthma, and related a case of some thirty years' standing that had been permanently cured by the administration of one-twelfth grain three times daily, gradually increasing the dose to one-third grain. The result was obtained in about three weeks. Dr. Weber's brother, who is an obstetrician, had also found the remedy very useful in rigid os,—not interfering in the least with the normal contractions.

Dr. J. D. Talbert (Mississippi Valley Medical Monthly) reports three cases of the sweating type of pernicious malarial fever, in which the perspiration was so profuse that there was imminent danger of the patients sweating to death. Brandy, quinine, belladonna, nux vomica, and other stimulants were administered, but the perspiration still continued. Dr. Talbert then administered half a drachm each of the fluid extract of buchu and spirits of nitrous ether. The result in every case was that in less than half an hour the functions of the kidneys were re-established, the alarming perspiration ceased, and the patients began to convalesce.

Dr. Ferrier (Deutche Med. Zeitung; Medical and Surg. Reporter) had a patient in whom, after an attack of pachymeningitis, a complete contraction of the flexor muscles of the right thigh developed itself. The contraction was so severe, that the calf of the leg pressed against the posterior surface of the thigh. He tried every known means to relax the muscles, but, as he did not succeed in thus establishing a permanent cure, he had finally recourse to tenotomy, subcutaneously cutting all the sinews of the affected muscles. Afterwards passive and active motions and massage were employed, to keep the muscles in their normal position.

Dr. J. H. Neale (British Medical Journal) reports a case exhibiting the extraordinary capacity of the female bladder. On the day following delivery the patient had voided about a pint of urine. On the second day he noticed an odor of urine on entering the room, and the nurse remarked that there was "some trouble with the lady's water." On introducing a catheter, he drew off ninety-six ounces of urine. On the following day about half that quantity was taken in the same way, and as this had a faint ammoniacal odor, he washed out the bladder with a solution of hyposulphite of soda (one drachm to the ounce). There was no further trouble.

Cape May Point.—The following physicians made an excursion to Cape May Point last month, accompanied by their ladies: Dr. William B. Atkinson, Dr. Lawrence Turnbull, Dr. John B. Roberts, Dr. George B. Dunmire, Dr. Benjamin Lee, Dr. W. F. Waugh, Dr. T. V. Crandall, Dr. Hugo Engel, Dr. Louis K. Baldwin, Dr. Wilson Buckly, Dr. C. C. Vanderbeck, Dr. Joseph Hearn, and Dr. John V. Shoemaker, The party were handsomely entertained by Mr. A. H. Hamilton and Dr. Kirkpatrick, at the Cape House, and after spending several days in this enjoyable winter resort, returned home much benefited by the exhilarating effects of the sea air.

Women's Medical College.—The annual commencement exercises of the Women's Medical College of Pennsylvania, was held in the Academy of Music, in Philadelphia, at noon, on Wednesday, March 11th, in the presence of a large audience. The degree of Doctor of Medicine was conferred on twenty-two ladies, after which Professor William Keen delivered the valedictory address. The subject of vivisection was discussed, and its great utility was shown by the speaker from the experience of all leading scientists, his own practical views being especially valuable. During the same evening the graduates, their friends, and a large number of the members of the profession were handsomely received and entertained at the college by the Faculty and Board of Managers of the Institution.

Dr. J. Matthews Duncan (Medical Times and Gazette) calls attention to the fact that all pains about the external inguinal opening are not neuralgic, nor inflammatory. A sensitive young lady, whose pains had been very puzzling to her physician, was recently sent to Dr. Duncan for examination and an opinion. Much and varied treatment by medicines and rest had failed to give any relief. The pain was confined to the region of the femoral opening on one side, rest removed it, exertion induced it, coughing made it worse, and a strong impulse was felt in the part by the hand applied when a deep cough was made. Knowledge of the seat and cause of the pain was nearly enough for its cure, and complete relief was obtained in a short time by wearing a truss. Cases of a like kind are not very rare.

Materia Medica at the Medico-Chirurgical College.—Dr. Frank Woodbury, of this city has recently been elected Professor of Materia Medica in the Medico-Chirurgical College. The selection by the board has been a

most fitting and excellent one in every way for the institution. Dr. Woodbury was connected for many years with the Jefferson Medical College, in the Department of Medicine of the Hospital, and was one of the most active workers in the Alumni Association. He is a medical author and writer, having contributed some excellent practical articles to the various medical societies and the medical press. At the present time he is engaged in active practice, as well as physician to the German Hospital, and several other institutions, and ably edits the Medical Times of this city.

M. MARTEL, the principal surgeon at the hospital at Saint Malo, furnishes Dr. Arragon with some facts concerning the use of the decoction of valerian as a sedative. A patient was brought in with both hands and a part of the forearm crushed by a threshing machine. Fever was absent, but the agony was great. The wounded region was dressed with an antiseptic dressing of carbolic acid. As soon as it was deemed prudent, the following decoction was used in the dressing to replace water: forty grammes of the root of valerian to a litre of water, boiled for half an hour; then strained, and ten per cent. of carbolic acid added to it. After its application, all pain disappeared. The wound became clean and healthy; all the symptoms were most satisfactory. Dr. Arragon adds that country people in Normandy often use the decoction of valerian to calm pain in the case of wounds and fractures. —*British Medical Journal.*

DR. CHARLES WOOD (British Medical Journal) reports a case of poisoning in which a woman had taken within an hour an eight-ounce neuralgic mixture containing, besides quinine, two drachms of the tincture of gelseminum. The first symptoms were giddiness, followed by double ptosis, extreme dimness of vision, difficulty in breathing, also in articulating. There had also been a transient rigidity of the muscles of the neck, arms, and slightly of the lower extremities. When Dr. Wood saw her, about two hours after taking the mixture, she was very pallid, the face was drawn, there was double ptosis, slightly contracted pupils, and dimness of vision; the pulse was rapid and feeble, and the extremities chilly. She complained of numbness in the hands, feet, and lips, succeeded by tingling. Dr. Wood ordered strong coffee and an ammonia mixture; and, in the course of three hours the symptoms had entirely disappeared, but the neuralgia returned more severely than ever.

PROFESSOR JAMES STEWART (Canada Med. and Surgical Journal) summarizes the actions and uses of caffeine, as follows:—

1st. It strengthens, slows, and steadies a weak, fast, and irregular heart.

2d. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (*a*) raising the blood pressure, and (*b*) of stimulating the secreting structures of the kidneys.

3d. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug in the following particulars: (*a*) It is less powerful as a cardiac tonic; (*b*) It is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs when given singly could be brought about if caffeine was given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine, we may get the advantages of both drugs, with little of the disadvantages of either.

DEATH OF PROFESSOR ELLERSLIE WALLACE, M.D.—Dr. Ellerslie Wallace, who for thirty-seven years was connected with the Jefferson Medical College, twenty years of which he was the Professor of Obstetrics and the Diseases of Women and Children, died on March 9th, at his residence in this city. Dr. Wallace was born in 1819. He was educated at Bristol College, and engaged for a time in the profession of civil engineering. He studied medicine afterwards, and graduated from Jefferson Medical College in 1843. After graduation, Dr. Wallace was appointed Resident Physician at the Pennsylvania Hospital. In 1843 he was selected as Demonstrator of Anatomy in Jefferson College, a position which he held until 1863. He was then elected to the Chair of Obstetrics, and filled the duties of that position until June, 1883, when he retired on account of failing health. Dr. Wallace had been in poor health for some months past, but the immediate cause of his death was an erysipelatous affection of the face and head. He was during the war an active member of the Union League, and was also a member of the Philadelphia College of Physicians, the County Medical Society, and other kindred organizations.

The funeral services were held on March 12th, at St. Mark's Protestant Episcopal Church. The office for the burial of the dead was read by the rector, the Rev. Isaac L. Nicholson, D.D., assisted by the Rev. O. Valentine, and the Rev. Harvey McDowell.

Among those present were Professor William H. Pancoast, Professor Theophilus Parvin, Professor J. M. Da Costa, Professor John H. Brinton, and Professor J. W. Mallet, all of the Faculty of Jefferson Medical College; Professor Richard A. F. Penrose, of the Medical Department of the University of Pennsylvania; Dr. C. McClelland, Dr. William Hunt, Dr. William S. W. Ruschenberger, Dr. Edward Shippen, U.S.N.,

Dr. J. A. Cantrell, Dr. Henry H. Smith, Dr. J. Howard Taylor, Dr. John H. Packard, Dr. A. C. W. Beecher, Dr. J. C. Da Costa, Dr. William V. Keating, and Mr. John Welsh.

After the church services the body was taken to Burlington by boat, and there interred. The pall-bearers were Dr. E. B. Gardette, Professor William H. Pancoast, Professor Theophilus Parvin, Professor R. A. F. Penrose, Dr. Andrew Nebinger, Dr. J. P. J. Horwitz, Furman Sheppard, Richard C. McMurtrie, Joseph Swabey, F. Jacoby, Jr.

BOOK REVIEWS.

Practical Anatomy: A Manual of Dissections. By CHRISTOPHER HEATH, F.R.C.S. Sixth edition. Revised by Rickman J. Godlee, M.S., Lond., F.R.C.S., with Twenty-four Colored Plates, and Two Hundred and Seventy-four Engravings on Wood. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Price $5.00.

The author has arranged his work in the most admirable manner. The well executed plates from Maclaise's Surgical Anatomy being placed first in the book, after which the different regions are carefully described from a dissection of the dead body. A concise introduction points out to the student the manual part of his work, and the principal objects to be borne in mind in dissecting. Every region and organ is well illustrated throughout the entire work, and special stress has been laid on demonstrating as accurately as possible the relation of the parts to each other. Directions are carefully given for the performance of very many operations, as well as many other points which are of great utility both in surgery and medicine. The text is clear, well expressed, and so arranged as to be easily observed and retained by the mind.

Human Osteology. By LUTHER HOLDEN, Ex-President and Member of the Court of Examiners of the Royal College of Surgeons, of England; Consulting Surgeon to Saint Bartholomew's and the Foundling Hospitals. With numerous illustrations. Sixth edition. 8vo., 276 pp. New York: William Wood & Co., 1885.

This is the opening volume of Wood's Library of Standard Medical Authors for 1885. To those who have availed themselves for the past six years of the opportunity offered by Wood's Library for obtaining the best medical literature extant at about the cost of so many popular novels, our saying that this is the opening volume for 1885 will be sufficient evidence of its great merit.

We have here the entire subject of osteology, as it pertains to the human body, presented in a most scientific manner. Beginning with the structure and development of bone, the author prepares us to study intelligently the various bones comprising the skeleton, which are treated in their natural order. After each region has been described in detail, and the bones comprising it have been discussed separately, the region as a whole is described, with special reference to its functions, its comparative anatomy, and its bearing on the surgery of the parts. This is an admirable feature of the work, and no where is this idea so elaborated. The book is made readable and interesting by the terse and happy style of the author and its numerous plates and illustrations, there being sixty-one full page drawings and eighty-nine wood engravings, many of which appear for the first time in this edition of the work. Notwithstanding the fact that the phrase "William Wood & Co. deserve the thanks of the profession," etc. has almost become classical from its constant use in connection with these "Libraries," we cannot refrain from using it when writing of "Holden's Human Osteology," for we have here, at a nominal cost, one of the most valuable medical works published.

Cocaine and its Use in Ophthalmic and General Surgery. By H. KNAPP, M.D., Professor of Ophthalmology at the University of the City of New York, with Supplementary Contributions by Drs. Bosworth, Hall, Keyes, and Polk. 8vo., 87 pp. New York: G. P. Putnam's Sons, 1885.

Reprinted from the Archives of Ophthalmology, this little work presents, in a convenient and attractive form, an abstract of many of the numerous papers published on this subject recently in the various journals. It is a concise statement of what is now known of this valuable drug, giving only such uses as have been already established. By careful editing we have here, in eighty-seven pages, the practicable deductions from innumerable papers on this subject, presented in a terse and pleasing style, from which all conjectures or unproven theories seem to have been discarded.

NEW PUBLICATIONS RECEIVED.

Third Annual Report of the Baltimore Eye, Ear, and Throat Charity Hospital.

Annual Announcement of the Medical Department of Niagara University, Buffalo, N. Y.

The Pathological Action of Alcoholic Stimulants on Health and in Disease, by Isaac N. Quimby, M.D.

Medical Department of Niagara University, Buffalo, N. Y. Announcement of Spring Term, 1885.

Cocaine in Ophthalmic Surgery, by P. D. Keyser, A.M., M.D. Reprint from Therapeutic Gazette.

Report on Toxicology, by F. J. B. Quinlan, M.D. Reprint from the Dublin Journal of Medical Science.

Fifty-fifth Annual Report of the Board of Managers of the Philadelphia Lying-in Charity and Nurse School.

The Practical Treatment of Abdominal Hernia, by W. B. De Garmo, M.D. Reprint from the Medical Record.

Special Report of the State Inspector of Oils for the State of Minnesota on the Illuminating Quality of Oils.

Fifty-second Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind.

Address in Medicine, delivered before the Medical Society of the State of Pennsylvania, by W. H. Daly, M.D.

Transactions of the American Dermatological Association for 1884, by W. T. Alexander, A.M., M.D., Secretary.

The Medical Department of Western Reserve University, Cleveland, Ohio. Announcement for the Session of 1885–86.

Metalloscopy and Metallotherapy, by Arthur Johnstone, M.D., Brooklyn, N. Y. Reprint from the Archives of Medicine.

The Social History of the Eighth International Medical Congress, by Bryan Delavan, M.D., New York, D. Appleton & Co.

On a Peculiar Ringed Appearance of the Prepuce and Glans, by R. W. Taylor, M.D. Reprint from the Archives of Medicine.

Hydrochlorate of Cocaine, by M. Landesberg, M.D. Reprint from the Proceedings of the Philadelphia County Medical Society.

Typhoid Fever and Low Water in Wells, by Henry B. Baker, M.D., Lansing, Mich. Reprint from Report of State Board of Health.

Special Report on the Outbreak of Small-Pox in Hungerford Township, Ontario, by P. H. Bryce, A.M., M.D. Secretary Provincial Board of Health.

Outlines of Vegetable Histology, by Mrs. Wm. Streeter, President of Section of Botany, R.A.S. Published by Davis & Leyden, Rochester, N. Y.

Report of Committee on School Hygiene in Tennessee, by Daniel F. Wright, M.D., Clarksville, Tenn., Chairman of Committee. Reprint from Report of State Board of Health.

Official Report of the Trustees and Officers of the State Hospital for the Insane for the Southeastern District of Pennsylvania, at Norristown, Pa., for the year ending September 30, 1884.

From James C. White, M.D., Professor of Dermatology in Harvard University :—

Cases of Arsenical Dermatitis. Reprint from Boston Medical and Surgical Journal.

A Case of Unilateral Chromidrosis. Reprint from Journal of Cutaneous and Venereal Diseases.

Psoriasis; Verruca; Epithelioma; a Sequence. Reprint from the American Journal of Medical Sciences.

School Hygiene in Relation to its Influence upon the vision of Children, an address delivered before the Medical Association of Georgia, by A. W. Calhoun, M.D., President, Atlanta, Ga.

The Jenner of America. An Address Delivered before the Philadelphia County Medical Society, by W. M. Welch, M.D., Retiring President. Reprint from the Proceedings of the Society.

A Study of the Nutritive Value of Branny Foods, by N. A. Randolph, M.D., Demonstrator of Physiology, University of Pennsylvania, and A. E. Roussel, M.D., Resident Physician at the Philadelphia Hospital.

Differentiation the Test of Civilization; The Education of the Specialist. Annual Address Delivered before the American Academy of Medicine at Baltimore, Md., October 28, 1884, by Benjamin Lee, A.M., M.D., Ph.D., President of the Academy.

An Examination of the Feces of Twenty Persons Receiving Inunctions of Cod-Liver Oil, by N. A. Randolph, M.D., Assistant Demonstrator of Physiology, University of Pennsylvania, and A. E. Roussel, M.D., Resident Physician at the Philadelphia Hospital.

Circulars of Information of the Bureau of Education :—

Building for the Children in the South, by Rev. D. A. Mayo.

Rural Schools, by Miss Annie T. Smith.

Aims and Methods of the Teaching of Physics, by Professor Charles K. Wead, A.M., of the University of Michigan.

REPORT OF INTERESTING CASES

TREATED AT

THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

[Continued from last number.]

IN cases of general muscular debility, which are accompanied by torpid liver, constipated bowels, a general feeling of *malaise*, and the train of evils following in the wake of atonic dyspepsia, the most brilliant results are obtainable from the use of the massage apparatus described as Fig. 1. This is exactly what should be expected when we remember that by muscular activity in health every portion of the human body is receiving a kneading more or less vigorous. Thus the movements of the diaphragm, by its ascent and descent, keep up a sort of massage on the organs above and below it, while the voluntary muscles throughout the entire body are continually kneading and compressing themselves and each other by their constant contraction and relaxation. Thus to imitate the processes of nature herself is the true method of treatment to be employed in cases where atony and general debility are the ruling symptoms.

The most rational treatment is that which restores the normal life processes, not attempting to drive exhausted organs to their work, but to assist them. The voluntary muscles receive normally one-fourth the entire amount of the blood in the body, and by their constant and vigorous movements it is aided in returning to the heart, after nourishing the parts through which it circulates; but when the muscles are inactive the circulation becomes retarded, the parts enfeebled, the muscles more or less atrophied from disuse, until finally even the blood itself deteriorates in quality. Here, again, the cause of the trouble incident to the enfeeblement of the muscular system suggests the remedy, and when enfeebled organs are unequal to the task of their own repair, the skill and judgment of the surgeon should be expended in following the indications pointed out by nature's methods. When the muscular system is in a healthy condition active exercise will remove the trouble, when it is not, the rational treatment is to imitate nature, for which no better means than massage are known; and this, to be effective, must be prolonged and thorough and must include the manipulation of the entire body.

The machine described as Fig. 1 will thoroughly exercise the entire torso. Fig. 2 represents a most useful and thorough massage apparatus for the limbs.

To use it for the lower limbs the patient occupies the seat *A*, which slides to and fro by means of the wheel *A*, the leg passing between the adjustable upright arms *C C*. These arms move up and down very rapidly, carrying a great number of elastic rubber roller balls which press upon and rub the limb with astonishing precision and thoroughness. By seating the patient on a chair or stool at the foot of the machine the arm can be treated in like manner. It will accomplish as much as eight or ten machines of the patterns used in the Swedish movement cure at Stockholm. It reverses about five hundred times a minute; the rubber rollers thoroughly kneading the muscles without discomfort or pain. Appropriately used, it greatly increases the development of enfeebled, atrophied, or paralyzed muscles, and is almost indispensable in the treatment of stiffened joints, muscular rigidity, and all forms of lameness of rheumatic origin.

By the use of these two machines massage of the entire body can be performed much more thoroughly than by hand, and the most gratifying results are constantly being obtained, as shown by the following cases:—

Case I.—Mr. H., a college professor, aged fifty-one years, came to the Institute utterly run down mentally and physically, much emaciated, suffering from atonic dyspepsia, torpidity of liver and bowels, obstinate constipation—the bowels never being evacuated naturally, and requiring the constant use of both purgatives and enema—skin sallow, eyes sunken, depressed in spirits, rendering him unable to continue his work. He had exhausted all known remedies used in such cases and had consulted without avail eminent physicians whose specialties were the treatment of such disorders as he was suffering from. He was under treatment here about three months. The treatment was principally massage and friction over the region of the liver and abdomen by means of "body kneader" (Fig. 1) and the free use of the limb kneader (Fig. 2), thus giving a very complete massage to the whole body. The flagellator and compound gymnasium, hereafter to be described,

were also occasionally used as adjuncts to the treatment. A marked improvement became apparent in a few weeks, and three months' treatment completely restored his health. His natural courage and vivacity returned, his bowels acted normally without any medicine, his skin assumed its proper hue, and he has been for a year past able to continue his work (which often occupies him from 7 A.M. to 10 P.M.) with complete satisfaction, comfort, and success. To use his own statement on a recent visit to the Institute, he has become a "new man."

Case II.—Miss B., aged thirty, deplorable case of dyspepsia with great nervous depression, constipation, torpid liver, sallow complexion, appetite irregular and erratic, headache, painful and scanty menstruation. No local treatment was resorted to for the uterine trouble, no cathartics or laxatives were given for the condition of the liver and bowels except for the first eight or ten days, the treatment being wholly such as described in preceding case. The menstrual trouble was very greatly relieved, the constipation entirely cured, the appetite became regular, she improved in flesh, and regained her courage and spirits, and left the Institute after two months treatment, considering herself entirely well.

Case III.—Miss S., aged twenty-four, dyspepsia with marked torpidity of liver and bowels, constipation obstinate, and menstruation irregular, complexion sallow, appetite poor and irregular, constant dull headache, spirits depressed, shunning company, and ex-

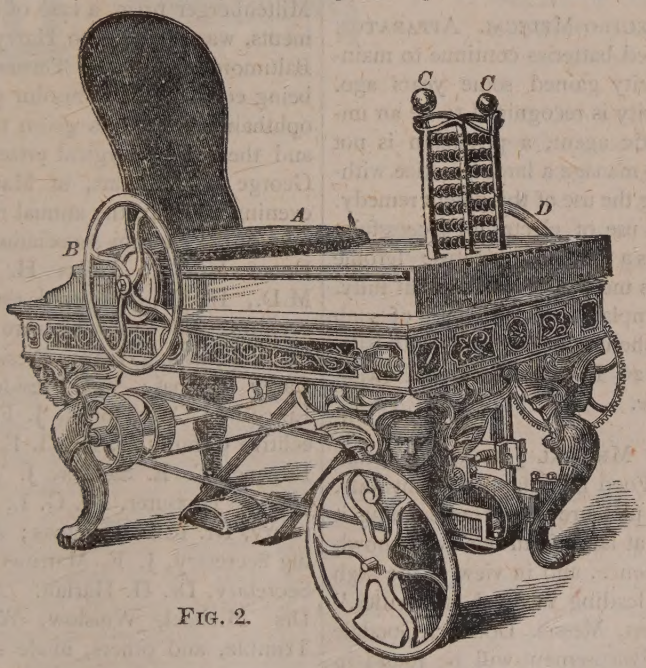

FIG. 2.

hibiting the whole train of symptoms so common in cases of dyspepsia and uterine disorders. Two months' treatment of body and limbs with massage by machinery described, together with daily exercises with compound gymnasium and electricity improved her to such a degree that she declared herself cured.

Case IV.—Mr. W., aged thirty-six, insurance agent, had been intensely occupied with intricate and exacting business, which had resulted in a complete breakdown of the nervous system. He was weak and emaciated, his stomach was so irritable that he was unable to eat the most digestible articles of food without genuine or imaginary pain and suffering, bowels were sometimes constipated; at other times he had diarrhœa with colicky or crampy pains. He had become almost an insane hypochondriac. After he became able to go out of the house, which he did at the end of one month's treatment, he could walk over the plain pavement between streets but imagined himself unable to cross a street without assistance. After five months' treatment of general massage with Franklin electricity and the simplest tonics, he was able to return to his business and has been able to continue at his desk ever since.

[To be continued.]

OUR ADVERTISERS.

HYDROLEINE.—We are sure many in the profession and many out of it have already become familiar with Hydroleine, so long and successfully manufactured by William F. Kidder & Co., 83 John Street, New York. Hydroleine has a special advantage over its rivals in the fact that it readily mixes with water or almost any menstruum, an advantage which will be readily appreciated by those who prescribe cod liver oil in the various maladies to which it is adapted. Our personal experience with this preparation has been extensive and in every case highly satisfactory, not only to ourselves but also to the patients for whom it has been ordered.—*Exchange.*

KIDDER'S ELECTRO-MEDICAL APPARATUS.—These celebrated batteries continue to maintain the superiority gained some years ago. Now that electricity is recognized to be an important therapeutic agent, a physician is not fully equipped to manage a large practice without understanding the use of this potent remedy. In order to make use of electricity successfully the first essential is a reliable apparatus; Jerome Kidder's batteries meet this requirement fully. Physicians contemplating the purchase of such an instrument should correspond with the manufacturers, 820 Broadway, New York.—*Medical Advocate.*

THE EASTERN MEDICAL JOURNAL in speaking of Mellin's Food for infants and invalids, says, "We take pleasure in recommending it to the profession at large from our own knowledge of its excellence, and in view of the high endorsements of leading medical authorities." The manufacturers, Messrs. Doliber, Goodale & Co., whose advertisement will be found in this journal, will be glad to send free, to any physician who may ask for it, a sample of Mellins Food sufficient for a thorough trial of its merits.

THE Anglo-Swiss Condensed Milk, which is being advertised in this journal, has won the highest encomiums from the most competent authorities, as one of the best foods for infants and invalids. A treatise on this all-important topic will be mailed, free of cost, to all applicants by the Anglo-Swiss Condensed Milk Company, 86 Hudson Street, New York City, or can be procured of druggists.

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Surgeon to Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Surgeon to Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

The annual commencement of the University of Maryland took place on the 17th of March at the Academy of Music. There were seventy-four graduates in medicine and thirty-six in dentistry. Samuel Schwalbe carried off the first prize, a gold medal, for the highest general average in the examinations. Dr. Schwalbe, six years ago, when at the gymnasium at Pesth, Hungary, passed the first examination, but the prize six hundred gulden, was refused him on account of race, he being a Hebrew. The Miltenberger prize, a case of obstetrical instruments, was awarded to Harry M. Thomas, of Baltimore, and E. P. Turner, of Virginia, as being equal. The Chisolm prize, a Knapp's ophthalmoscope, was given to S. L. Phillips, and the Tiffany surgical prize was obtained by George N. Everhart, of Maryland. On the evening of 17th, the annual reunion and banquet of the Alumni Association was held at the Eutaw House. Lewis H. Steiner, A.M., M.D., LL.D., delivered the oration of the evening. The following were elected as officers for the ensuing year: President, Dr. James Carey Thomas; Vice-Presidents, Dr. N. S. Lincoln, J. W. Houck, J. F. McShane; Executive Committee, Drs. I. E. Atkinson, B. B. Browne, C. E. Sadtler, J. T. Smith, C. H. Jones; Treasurer, Dr. G. L. Taneyhill; Secretary, Dr. R. H. Thomas; Assistant Recording Secretary, J. F. Martinet; Corresponding Secretary, Dr. H. Harlan. After the banquet Drs. Michael, Winslow, Woods, Warfield, Trimble, and others, made short speeches in response to calls.

Dr. Ridgely Warfield (Class 1884) has been appointed Assistant Resident Physician at the University Hospital.

Dr. S. D. Phillips of this years class, will be Resident Physician at the Presbyterian Eye and Ear Hospital after April 1st.

W. F. Coleman, M.D., M.R.C.S., Eng., formerly of St. Johns, N. B., has been elected Professor of Eye and Ear Diseases in the Baltimore Polyclinic and Post Graduate Medical School.

Dr. H. E. Ames, U.S.N., has been ordered to the Brooklyn Navy Yard.